

IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF TENNESSEE  
EASTERN DIVISION

UNITED STATES OF AMERICA,

Plaintiff,

vs.

NO. 19-CR-10040

JEFFREY W. YOUNG, JR.,

Defendant.

TRANSCRIPT OF THE JURY TRIAL  
BEFORE THE HONORABLE JOHN T. FOWLKES  
AFTERNOON SESSION

WEDNESDAY  
MARCH 29, 2023

TINA DuBOSE GIBSON, RPR  
OFFICIAL REPORTER  
FOURTH FLOOR FEDERAL BUILDING  
MEMPHIS, TENNESSEE 38103

UNREDACTED TRANSCRIPT

A P P E A R A N C E S

Appearing on behalf of the Government:

KATHERINE PAYERLE  
ANDREW PENNEBAKER  
United States Department of Justice  
Fraud Section  
1400 New York Avenue, NW  
Washington, DC 20530  
(202) 341-4227  
katherine.payerle@usdoj.gov  
andrew.pennebaker@usdoj.gov

Appearing on behalf of the Defendant:

CLAIBORNE H. FERGUSON  
RAMON DAMAS  
The Claiborne Ferguson Law Firm, PA  
294 Washington Avenue  
Memphis, Tennessee 38103  
(901) 529-6400  
claiborne@midssouthcriminaldefense.com  
ramon@midssouthcriminaldefense.com

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**EXAMINATION OF NATALIE SEABOLT**

5

1 WEDNESDAY

2 MARCH 29, 2023

3 -----

4  
5 THE COURT: Okay. Anything before we bring in  
6 the jurors? Are we good to go?

7 MR. FERGUSON: We're good.

8 MS. PAYERLE: Yes.

9 THE COURT: And we need the witness.

10 MS. PAYERLE: I'll get the witness.

11 THE COURT: Okay. Bring in the jurors, please.

12 (Jury in at 1:35 p.m.)

13 THE COURT: Okay. Ladies and gentlemen, I think  
14 we're ready to proceed at this time. I think the Government  
15 was still questioning Ms. Seabolt.

16 MS. PAYERLE: Yes. Thank you, Your Honor.

17 THE COURT: You may continue.

18 CONTINUED DIRECT EXAMINATION

19 BY MS. PAYERLE:

20 Q. Good afternoon.

21 A. Good afternoon.

22 Q. Okay. Ms. Seabolt. All right. So we had just, at  
23 the break, finished talking about prescription monitoring  
24 database data?

25 A. Correct.

**EXAMINATION OF NATALIE SEABOLT**

6

1 Q. All right. And so now, we're going to turn to the  
2 Medicaid database. And did some of -- I guess, did some of  
3 Jeff Young's patients accept -- or have Medicaid?

4 A. Yes.

5 Q. All right. And did you take a look at the data  
6 generated by Medicaid for visits or prescriptions or other  
7 things associated with Mr. Young?

8 A. Yes.

9 Q. All right. Let's see here. Let's take a look at --  
10 I'm going to show you this exhibit. It's a one-page exhibit.  
11 We've marked it 310. This is a summary of voluminous  
12 Medicaid data that you described.

13 A. Yes, it is.

14 MS. PAYERLE: We move to admit.

15 THE COURT: We'll go ahead and receive it. It  
16 will be marked as Exhibit Number 43.

17 (Exhibit 43 marked and received.)

18 BY MS. PAYERLE:

19 Q. All right. Can you explain to the jury -- there's a  
20 lot of stuff on this page.

21 MS. PAYERLE: So let's maybe blow up just the top  
22 down to the two From dates. Sorry, the very top all the way  
23 up. And except if we could back out and blow up the top just  
24 down to there. There we go. That's great.

25 BY MS. PAYERLE:

**EXAMINATION OF NATALIE SEABOLT**

7

1 Q. Okay. So just -- I guess explain to us -- this says  
2 TennCare Top Count Summary All Categories. What does that  
3 mean?

4 A. What that means is that for each of the categories  
5 that are listed in this report, that they took out the top  
6 amounts for whatever that category was for patients that Jeff  
7 Young treated.

8 Q. Okay. And by took out, you mean presented on this  
9 chart?

10 A. Yes. They took them out and put them in order of  
11 occurrences.

12 Q. Okay. And this says here Procedure Codes. What does  
13 that mean?

14 A. So a procedure code would be something -- it would be  
15 a code that one of the -- it would be a CPT code, which is --  
16 CPT stands for current procedural terminology. And what that  
17 means is that it's another code that is assigned to any sort  
18 of a procedure treatment that is provided by a provider for a  
19 patient.

20 Q. So it tells Medicaid what the provider, in this case,  
21 Mr. Young, did?

22 A. Correct.

23 Q. Okay. And then you've got a date range, 1/2/2015 to  
24 2/27/2018. Is that sort of the date range of data that was  
25 pulled in this?

**EXAMINATION OF NATALIE SEABOLT**

8

1 A. Yes, anything that was generated during those two  
2 dates is on this report.

3 MS. PAYERLE: Okay. Let's back up. Okay. So  
4 let's see here in the very top line under Grand Totals. Can  
5 we blow up, let's say, here to here all the way across?

6 BY MS. PAYERLE:

7 Q. All right. And in the very top line, I'm looking at  
8 this one under Grand Totals, what is that line?

9 A. So the first number is 10,230, and that is the number  
10 of claims that Jeff Young submitted for Medicaid patients  
11 during this said time period.

12 Q. And these two columns over here, one says Amount  
13 Billed, the other says Amount Paid, what are they?

14 A. So the amount billed is the amount of money that he  
15 billed for the procedures or the services that he provided,  
16 and the amount paid is the amount of money that was  
17 reimbursed to him for those services.

18 Q. And could those be things like office visits?

19 A. Yes.

20 Q. Okay. So what amount did Jeff Young bill for Medicaid  
21 services during this time period?

22 A. So he billed \$4,179,401.06.

23 Q. And how much did Medicaid pay him for office services  
24 during this time period?

25 A. Over half a million.



**EXAMINATION OF NATALIE SEABOLT**

9

1 Q. All right.

2 MS. PAYERLE: Let's back out of that. Let's blow  
3 up the part down here that says Diagnostic Codes.

4 BY MS. PAYERLE:

5 Q. What is a diagnostic code?

6 A. So the diagnostic code is what we were talking about  
7 earlier, that's an ICD-9 code. And that's the diagnostic  
8 code that represents in the data what the patient has been  
9 diagnosed with or the illness that the provider is treating,  
10 that -- that he thinks requires the treatment he's providing.

11 Q. So who enters the diagnosis code into the Medicaid  
12 database?

13 A. The provider, the nurse practitioner or doctor.

14 Q. Okay. And they do that at the time that they're  
15 making the claim for payment?

16 A. Correct.

17 Q. All right. What -- what -- just read the top two, I  
18 guess, diagnosis codes that Jeff Young, during this time,  
19 told Medicaid he was seeing Medicaid patients for?

20 A. So his top two diagnoses that he submitted for his  
21 Medicaid patients were other long-term current drug therapy  
22 and lower back pain.

23 Q. And how many of these top ten diagnosis codes relate  
24 to pain or the use of drugs?

25 A. There's five -- there's four, I'm sorry.

**EXAMINATION OF NATALIE SEABOLT**

10

1 Q. Okay. So there's long-term drug therapy. Is the next  
2 one low back pain? I'll take that off.

3 A. Yeah, low back pain, chronic pain syndrome.

4 Q. How about the next one?

5 A. Encounter for long-term use of other medications. And  
6 then you could also include the very bottom one, which is  
7 issues with the lumbosacral area.

8 Q. And if you also add in illnesses for which he might be  
9 prescribing benzodiazepines, like anxiety, for example?

10 A. Then you would add that anxiety disorder, unspecified.

11 Q. Okay. And so when we talk about pain, drug use, and  
12 anxiety as all diagnoses for -- involving controlled  
13 substances, would that be accurate?

14 A. Yes.

15 Q. All right. About -- you've done -- I think you've  
16 already done this math. About what percentage of his patient  
17 population did he claim to Medicaid had a diagnosis code  
18 involving those kinds of problems?

19 A. Eighty-four percent.

20 Q. Let's come on out of that prescription -- or that  
21 exhibit.

22 All right. When a provider submits a claim to  
23 Medicaid, do they provide demographic information about the  
24 beneficiary or the patient that they are treating?

25 A. Can you repeat the question?

**EXAMINATION OF NATALIE SEABOLT**

11

1 Q. Sure. When a provider submits a claim to Medicaid for  
2 payment, do they provide or does Medicaid have, in some way,  
3 demographic information about the patient they are treating?

4 A. When they register for Medicaid, that demographic  
5 information is saved specific to that patient.

6 Q. Okay. So Medicaid is -- Medicaid can track the  
7 demographics of the patients that Jeff Young treated through  
8 Medicaid?

9 A. Correct.

10 Q. Okay. I'm going to show you an exhibit that's been  
11 marked by us as 305. Is this another summary chart relating  
12 to the demographics of Mr. Young's Medicaid patients?

13 A. Yes.

14 MS. PAYERLE: Move to admit.

15 THE COURT: We'll go head and receive Exhibit 44.

16 (Exhibit 44 marked and received.)

17 MS. PAYERLE: Let's put 44 on the screen, please.

18 Thank you.

19 BY MS. PAYERLE:

20 Q. All right. What are we looking at here, Ms. Seabolt?

21 A. So this is a breakdown gender-wise of any TennCare  
22 patient that Jeff Young prescribed a controlled -- at least  
23 one controlled substance prescription to between the ages of  
24 18 and 40 years old.

25 Q. And what do we see of the patients -- of the 18- to

**EXAMINATION OF NATALIE SEABOLT**

12

1 40-year-old patients to whom Jeffrey Young prescribed at  
2 least one controlled substance during this time period, what  
3 percentage of those patients are female?

4 A. Between 2014 and 2017, 81 percent of those patients  
5 were female.

6 Q. In that age range. And what about the male patients  
7 in the 18- to 40-year-old category.

8 A. There was 19 percent.

9 Q. All right. I'm going to show you another two-page  
10 document that we've labeled 308. This is another summary of  
11 demographic information taken from the Medicaid database.

12 A. Yes.

13 MS. PAYERLE: Move to admit.

14 THE COURT: It will be 45.

15 (Exhibit 45 marked and received.)

16 MS. PAYERLE: Please put page 2 -- that's fine --  
17 page 1 of 45 up on that screen there.

18 BY MS. PAYERLE:

19 Q. Okay. Is this a slightly different chart?

20 A. Yes, so this is looking at all the Medicaid patients  
21 that Jeff Young treated during the time period of July 2014  
22 to January of 2017. The pink area shows how many of those  
23 female patients received a controlled substance prescription.

24 Q. All right. So the big circle is all patients?

25 A. Yes, ma'am.

**EXAMINATION OF NATALIE SEABOLT**

13

1 Q. And the -- so 79 percent -- .65 percent of Jeff  
2 Young's female patients during this time received a  
3 controlled substance prescription?

4 A. Female Medicaid patients, yes.

5 Q. Female Medicaid patients. Thank you. That's a good  
6 correction. And let's go to the second page. What  
7 percentage of Jeff Young's male Medicaid patients received a  
8 controlled substance prescription?

9 A. Seventy-four percent.

10 Q. Okay. So to be clear, Ms. Seabolt, not all of Jeff  
11 Young's patients did receive controlled substances?

12 A. Correct.

13 Q. But whether they were male or female, nearly -- about  
14 75 percent of them did?

15 A. Correct.

16 Q. Okay. Let's take a look at Exhibit -- we're calling  
17 it 306. It's a one-page document. Is this a further  
18 breakdown of patient demographics of Mr. Young's Medicaid  
19 patients?

20 A. Yes.

21 MS. PAYERLE: Move to admit.

22 THE COURT: That will be Number 46.

23 (Exhibit 46 marked and received.)

24 MS. PAYERLE: Okay. Please put 46 up on the  
25 screen.

**EXAMINATION OF NATALIE SEABOLT**

14

1 BY MS. PAYERLE:

2 Q. Okay. Ms. Seabolt, this chart is a little bit more  
3 complicated, but I want to walk through it slowly. So go  
4 ahead and describe, if you can, at a high level what we're  
5 looking at?

6 A. Okay. So this is looking at all the TennCare patients  
7 that Jeffrey Young prescribed at least one controlled  
8 substance to.

9 Q. So we're just narrowing into just patients to whom he  
10 prescribed the controlled substances?

11 A. Correct. So looking at that 78 percent of females and  
12 the -- whatever the percentage was of males, adding all that  
13 together.

14 Q. Okay. And then breaking it down further?

15 A. Correct.

16 Q. All right. And how did you break that down?

17 A. So we broke it down by male and female, which is  
18 indicated by the pink and the blue in the bars, and then we  
19 also broke it down into age groups under 18, 18 to 21, 21 to  
20 30, 30s, 40s.

21 Q. Ms. Seabolt, I'm sorry, I'm getting distress signals  
22 from the court reporter.

23 A. Okay.

24 Q. I'm going to ask you to slow down just a little bit.

25 A. Yeah, yeah, sure.

**EXAMINATION OF NATALIE SEABOLT**

15

1 Q. Thank you so much.

2 A. So, first, the breakdown is by gender, so the male is  
3 indicated by the blue part of the bar for each age group, and  
4 the pink is indicated for the females in each age group. And  
5 then all -- and this was also breaking down by the age group  
6 of the males and the females together.

7 Q. All right. So very first bar --

8 MS. PAYERLE: If we could just actually blow up  
9 this first bar down this one here just to focus on that for a  
10 minute.

11 BY MS. PAYERLE:

12 Q. So for patients -- for the controlled substance  
13 patients under 18 -- this is all Medicaid patients, right?

14 A. Correct.

15 Q. Okay. So for the controlled substance Medicaid  
16 patients under 18, what percentage of those controlled  
17 substance patients were male versus female?

18 A. Forty-five percent of the patients were female and 55  
19 percent were male.

20 Q. All right. And just to be clear, by the way, what --  
21 generally speaking, which controlled substance were the kind  
22 of kids under 18 getting?

23 A. So, typically speaking, kids under 18, their  
24 controlled substances would usually be ADHD medications for  
25 attention deficit.

**EXAMINATION OF NATALIE SEABOLT**

16

1 Q. And we'll just -- you and I are going to help each  
2 other to talk a little more slowly because I do it too.  
3 We'll back off of that a little bit.

4 And let's go -- let's just kind of look through. So  
5 in the 18- to 21-year-old category, when the age jumps  
6 from -- to 18- to 21-year-old, about what -- and, actually,  
7 we may have to back out of the blowups to see the lines.  
8 About what percentage of Jeff Young's 18- to 21-year-old  
9 controlled substance recipients, Medicaid patients, were  
10 female?

11 A. Eighty percent.

12 Q. And then look at the age 21 to 30. If you look at  
13 Jeff Young's patients who received controlled substances who  
14 were age 21 to 30, what percentage of those patients were  
15 female?

16 A. Eight-five percent.

17 Q. Okay. And if the patient's age passed 30 for each  
18 decade, what happens to that percentage of female patients?

19 A. It tends to decrease by 10 percent.

20 Q. Until we get to patients in their 60s and then  
21 patients in their 60s who are getting controlled substances,  
22 what is the percentage?

23 A. It's a 50/50 split between the two genders.

24 Q. All right.

25 MS. PAYERLE: We can go ahead and pull that down.



**EXAMINATION OF NATALIE SEABOLT**

17

1 BY MS. PAYERLE:

2 Q. Let's look, if we can, at what we've marked 307, it's  
3 a one-page document. I think for this one, this is another  
4 CSMD summary?

5 A. Yes, ma'am.

6 Q. All right.

7 MS. PAYERLE: Move to admit, please.

8 THE COURT: That will be 47.

9 (Exhibit 47 marked and received.)

10 MS. PAYERLE: And we have 47 up on the screen.

11 BY MS. PAYERLE:

12 Q. Is this another summary of the controlled substances  
13 monitoring data?

14 A. Yes, it is.

15 Q. And so this is -- this is, again, prescription  
16 information for just controlled substances regardless of  
17 whether the patient had Medicaid; is that right?

18 A. Correct.

19 Q. All right. And this could be cash pay patients,  
20 private insurance patients, Medicare whatever?

21 A. Anyone that had a prescription filled that would have  
22 to be submitted to the CSMD data.

23 Q. Controlled substances?

24 A. Yes.

25 Q. Got it. All right. So what does this chart on the

**EXAMINATION OF NATALIE SEABOLT**

18

1 left do?

2 A. So the chart on the left looks like the number of  
3 prescriptions that were prescribed starting in July of 2014  
4 on a monthly basis, all the way through June of 2016 of  
5 controlled substances.

6 Q. And on the right, what do we see?

7 A. On the right, it has the number of prescriptions for  
8 each of those months, and it also has the number of pills  
9 that those prescriptions provided.

10 Q. Okay. And that's the right column of the chart. And  
11 then what's the picture on the right here with the bars?

12 A. It's a bar graph pictorial of the increase in the  
13 prescribing practices of Jeff Young over that time period.

14 Q. And, generally speaking, what do we see happening in  
15 kind of late 2014, early 2015?

16 A. We see a gradual increase over the beginning to middle  
17 part of 2015, and then we start to see incremental increases  
18 that are larger up to the point of February of 2016.

19 Q. And was February of 2016 the peak?

20 A. Yes.

21 Q. So just to put some numbers on this, and to orient the  
22 jury, in two thousand -- in the full -- to give it a full  
23 12-month period, in the full year of 2015, what was the total  
24 quantity of pills, controlled substance pills, that Jeff  
25 Young prescribed that year?

**EXAMINATION OF NATALIE SEABOLT**

19

1 A. 710,957.

2 Q. So these are the totals. Am I circling them for 2015,  
3 the whole year?

4 A. Yes.

5 Q. All right. And how many prescriptions did he write  
6 that year for controlled substances that were filled in  
7 Tennessee?

8 A. 10,275.

9 Q. In the last, what is it, six months of 2014, what is  
10 the -- well, I just -- what is the total number of pills that  
11 Jeff Young prescribed backing up into 2014?

12 A. 19,739, and that was for a six-month period.

13 Q. And let's compare that to the six-month period of the  
14 first six months of 2016; what was the total there?

15 A. 571,959.

16 Q. How many controlled substances pills did Jeffrey Young  
17 prescribe from his clinic in Jackson, Tennessee, that were  
18 filled in Tennessee during this two-year period?

19 A. 1,302,654.

20 MS. PAYERLE: The Government passes the witness.

21 THE COURT: All right. Mr. Ferguson?

22 MR. FERGUSON: Thank you, Your Honor.

23 CROSS-EXAMINATION

24 BY MR. FERGUSON:

25 Q. How are you, Ms. Seabolt?

**EXAMINATION OF NATALIE SEABOLT**

20

1 A. I'm good. How are you?

2 Q. The numbers you've been giving the jury today, those  
3 are -- especially there at the end when you were talking  
4 about pill counts?

5 A. Yes, sir.

6 Q. Those graphs we were seeing were not related to the  
7 number of patients he was seeing during those months; it was  
8 related to how many pills he was prescribing during those  
9 months?

10 A. Correct.

11 Q. Did you ever compare the number of patients that he  
12 was seeing on a day-to-day basis in his practice versus the  
13 rise and increase in the number of prescriptions he was  
14 giving out?

15 A. No. I was not asked to do that.

16 Q. If he had, say, 5, 10, 15 patients a day versus 50, 60  
17 patients a day, the 50, 60, you would expect to see more  
18 prescriptions being written?

19 A. I could expect more prescriptions to be written but  
20 not necessarily for controlled substances.

21 Q. Sure you could. If he's got ten patients and he's  
22 writing 10 percent of those patients, that's two people. If  
23 he's got 50, he's writing 10 percent, that's ten. Ten is  
24 bigger than two, correct?

25 A. It is, but I don't necessarily know that it would need

**EXAMINATION OF NATALIE SEABOLT**

21

1 more controlled substance prescriptions.

2 Q. Sure it would. If you're writing to the same  
3 population but you're increasing your numbers of those same  
4 populations --

5 THE COURT: Mr. Ferguson.

6 MR. FERGUSON: Yes, Your Honor.

7 THE COURT: Excuse me.

8 MS. PAYERLE: Asked and answered, Judge.

9 THE COURT: That's overruled. Go ahead.

10 BY MR. FERGUSON:

11 Q. Two different population sizes, 10 people, 50 people,  
12 same population, same percentage of the people needing  
13 prescriptions for chronic pain, your pill counts go up,  
14 correct? That's the way the math works.

15 A. But he also saw patients for other conditions that  
16 were not -- that had nothing to do with needing a controlled  
17 prescription.

18 Q. That's not what the Government is trying to say.  
19 They're trying to say he's prescribing drugs. So you're  
20 saying he's prescribing to people that literally need, that  
21 have a medical necessity.

22 A. I'm saying that your math does not make sense to me.

23 Q. Okay. So you're the person that they bring in here to  
24 tell about math, but that math doesn't make sense to you?

25 A. You're trying to describe proportion, but it doesn't

**EXAMINATION OF NATALIE SEABOLT**

22

1 make sense to me what you're saying.

2 Q. No, I'm trying to describe percentages of a  
3 population. If you have a population and you take 10 people  
4 out of the population and 10 percent or 20 percent on pain  
5 medication, or you take 50 people out of that same  
6 population, same percentage need drug populations, your pill  
7 count goes up. It's simple math. It's like eighth grade  
8 math, right? Yes or no?

9 A. Yes.

10 Q. Yes. That's correct. If his counts go up, his pill  
11 counts go up, correct?

12 A. For all prescriptions, yes.

13 Q. For the controlled substances also, right?

14 A. If those are the patients he is seeing, yes.

15 Q. If he's seeing patients and he's writing prescriptions  
16 and his numbers go up, the pill count goes up, correct?

17 A. If those prescriptions are for controlled substances,  
18 yes.

19 Q. All right.

20 MR. FERGUSON: That's all I have, Judge.

21 THE COURT: Thank you. Redirect?

22 MS. PAYERLE: No, Your Honor.

23 THE COURT: Okay, Ms. Seabolt. Thank you very  
24 much. You can step down. You're excused.

25 Call your next witness.

1 MR. PENNEBAKER: Your Honor, the Government calls  
2 Investigator Shirley Pickering.

3 THE COURT: I need you to step right around here  
4 to the front. All right. Don't be afraid. All right.  
5 You're good right there. If you would, please, raise your  
6 right hand.

7 (The witness was sworn.)

8 THE COURT: Be seated here, please.

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**EXAMINATION OF SHIRLEY PICKERING**

24

1 SHIRLEY PICKERING,

2 called as a witness on behalf of the Government, having been  
3 first duly sworn, testified as follows:

4 DIRECT EXAMINATION

5 BY MR. PENNEBAKER:

6 Q. Good afternoon, Investigator Pickering. Would you  
7 please introduce yourself for the jury.

8 A. I'm Shirley Pickering. I'm one of the investigators  
9 for health-related boards for the State of Tennessee.

10 THE COURT: Spell your last name if you would,  
11 please.

12 THE WITNESS: P-I-C-K-E-R-I-N-G.

13 BY MR. PENNEBAKER:

14 Q. And, Investigator Pickering, where do you work?

15 A. I work out of the satellite office in Jackson,  
16 Tennessee.

17 Q. Can you describe your job duties, briefly?

18 A. I investigate complaints or allegations about  
19 healthcare providers. Those are assigned to us through our  
20 Central Office in Nashville.

21 Q. Okay. What kinds of allegations do you investigate?

22 A. There's a wide range of the types of allegations.  
23 Just some examples might be neglect, malpractice. It could  
24 be legal charges. It could be failure to follow the rules  
25 regarding their need for supervision by a collaborative



**EXAMINATION OF SHIRLEY PICKERING**

25

1 physician. It could be overprescribing. There's just a  
2 large, large variety of the types of allegations that come to  
3 us.

4 Q. And when you say that you use "they" when they're  
5 overprescribing --

6 A. That would be the provider.

7 Q. The provider. And what kinds of providers do you  
8 investigate?

9 A. We investigate all providers from all the boards other  
10 than the EMS and the pharmacy boards. They have a separate  
11 group of investigators.

12 Q. Okay. What medical training do you have,  
13 Ms. Pickering?

14 A. I've been a registered nurse since 1987. I've worked  
15 in a wide variety of healthcare settings from psychiatric to  
16 home health. I've worked the med-surg at a large state  
17 psychiatric facility. I've worked children's clinics in  
18 terms of orthopedic surgical clinics. I've worked ENT. I've  
19 done genetics. I've done plastic surgery clinics. I've been  
20 the training coordinator for different programs. Just a wide  
21 variety of different things.

22 Q. Okay. How long have you been an investigator for the  
23 state?

24 A. I think I began in 2007.

25 Q. Okay. Have you ever personally investigated the nurse

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1 practitioner sitting at defense counsel, Mr. Jeff Young?

2 A. Yes, sir.

3 Q. Have you done so in connection with more than one  
4 matter?

5 A. Yes, sir.

6 Q. And just quickly, I want to ask you about, you brought  
7 a -- what looks like a folio with you up onto the stand  
8 today.

9 A. Yes.

10 Q. Could you tell the jury what that is.

11 A. The case that I'm talking about today, actually, I  
12 completed investigating that in, I believe it was June  
13 of 2016, and submitted my report at that time. And that's  
14 been almost seven years. So I brought my report, hopefully,  
15 so that I could refer to it. I want to be sure that I'm  
16 giving you correct answers and that I'm not mistaking  
17 something because of the failure of memory.

18 Q. Sure. And I'm glad that you mentioned a failure of  
19 memory because there are special rules that apply under  
20 settings like the ones that we're in. I'm just going to ask  
21 that you only use what's in that folio if your memory is not  
22 serving you. If you knew something at one time, can't  
23 remember it today, but it might refresh your recollection to  
24 look in your reports, but please don't read off of the  
25 reports to answer any of my questions. Is that okay?

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1 A. Yes, sir.

2 Q. Is that --

3 A. Yes.

4 Q. All clear and everything?

5 A. Yes.

6 Q. Okay. Thank you.

7 A. Is it okay if I use --

8 Q. If you refer to it only -- I would just ask that you  
9 only refer to it if you don't remember.

10 A. Yes, sir.

11 Q. But you once knew.

12 A. Okay.

13 Q. And you're looking to refresh your recollection.  
14 Thank you.

15 As an investigator, what is your role in investigating  
16 providers?

17 A. I review what the allegations that are sent to us are,  
18 and then each case is a stand-alone case. One case may  
19 require a certain number of items. Another may require  
20 something totally different. It really depends upon what the  
21 specific allegations were.

22 Q. Okay. And you say when a case is referred to us. Do  
23 you -- and the other investigators that you work with, do you  
24 all decide what to investigate or does that come from  
25 somewhere else?

**EXAMINATION OF SHIRLEY PICKERING**

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1       A.    No, sir, that comes to us.  The allegations come to  
2   us.  We don't have any determination of that.

3       Q.    Is it a case that every time a complaint comes in, the  
4   allegation comes in to you to investigate or is that a  
5   decision that's made by somebody else too?

6       A.    It's reviewed by Central Office and then if they deem  
7   that it should be investigated, it comes out to the field to  
8   one of us, the field investigators.

9       Q.    So, basically, the investigation hatches in Nashville  
10   and then if Nashville, at the Central Office, determines that  
11   the complaint or the claim or whatever it is should be  
12   investigated, it's referred to you in Jackson if that's where  
13   the provider is?

14      A.    Yes, sir, just wherever the provider is.

15      Q.    Got it.  How about on the other end of the  
16   investigation?  What is your final work product that you  
17   generate in an investigation?

18      A.    The investigative report.

19      Q.    And then a -- what happens with that investigative  
20   report?

21      A.    We forward the report and all attached -- any  
22   attachments.  That would go directly to our Central Office.  
23   It's reviewed there by Board consultants, Office of General  
24   Counsel.  And then they make a determination whether there's  
25   any substantiation to the allegation or not.

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1 Q. Okay. And I just want to be really clear about this  
2 particular matter or any of the matters involving Mr. Young.  
3 Did you -- were you involved in making the determination  
4 about what happened as, you know, if there were any  
5 sanctions, if there was anything that, you know, discipline  
6 on his license or anything like that, were you involved in  
7 deciding whether and how much of that there ought to be?

8 A. No, sir, that's outside my scope. I simply gather  
9 data. I gather information. That's my role.

10 Q. Okay. Thank you.

11 Did you ever interview the defendant in the course of  
12 your investigations?

13 A. Yes, sir.

14 Q. Is it important that practitioners tell you the truth  
15 when they answer your questions?

16 A. Yes, sir.

17 Q. Is it important for your -- the mission of your agency  
18 that they answer truthfully?

19 A. Yes, sir.

20 Q. What is the mission of your agency?

21 A. Our overall mission is to protect the safety and the  
22 welfare of the citizens of Tennessee.

23 Q. Okay. I want to turn to an interview you did with the  
24 defendant on May 6, 2016, and this is what's been marked for  
25 identification as Government's 606. Have you listened to

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1 recording -- the recording of that interview?

2 A. Yes.

3 MR. PENNEBAKER: Your Honor, the Government would  
4 offer Government's 606 and the 606 sub exhibits, which are --  
5 is a CD with the recording of the interview on May 16, 2016,  
6 with Ms. Pickering and -- Investigator Pickering and the  
7 defendant.

8 MR. FERGUSON: May I have just a moment?

9 THE COURT: Sure.

10 (Conference between Mr. Ferguson and Mr. Pennebaker.)

11 MR. FERGUSON: No objection.

12 THE COURT: All right. How long is it?

13 MR. PENNEBAKER: How long is the interview?

14 THE COURT: Yes.

15 MR. PENNEBAKER: The interview itself is probably  
16 an hour and 45 minutes, but we've designated clips that are  
17 each probably around 30 seconds, give or take a minute.

18 THE COURT: All right. Let's go ahead and  
19 proceed. So you're introducing the entire interview or just  
20 the clips?

21 MR. PENNEBAKER: I intend to introduce just the  
22 clips, Your Honor. I want to make sure that I don't state  
23 something on the record where the entire interview is on  
24 there.

25 So, Your Honor, as a matter of fact, we have

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1 Government's -- what's been marked for identification as  
2 Government's 606A through U, each of which is a sub -- is a  
3 clip from that single interview that I just mentioned. So I  
4 don't know if the Court would rather I introduce these one by  
5 one. That's probably easier so that we don't have to stand  
6 here while they all get stickered, but is it okay just from  
7 this point forward that I say the Government would offer  
8 606A, which is a clip from the interview, et cetera?

9 THE COURT: That's not a problem. But what you  
10 have there, is it a disk or are we talking about documents?

11 MR. PENNEBAKER: These are disks.

12 THE COURT: Okay.

13 MR. PENNEBAKER: Each one. So each clip, it has  
14 its own disk.

15 THE COURT: Okay. And you want to mark them  
16 individually?

17 MR. PENNEBAKER: Or if the Court is amenable to  
18 whatever exhibit number we're on and we can do A, B, C, D, E,  
19 F, G, H, I, J, K, all the way to U like we've got it here.

20 THE COURT: We'll go ahead and mark them  
21 individually.

22 MR. PENNEBAKER: Thank you, Your Honor. And I  
23 can just go ahead and hand all of these up because I'm not  
24 going to need the handwritten notes. And just for the  
25 record, I and O are intentionally left blank. Since we're

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1 getting renumbered anyway, I just wanted to make sure.

2 THE COURT: All right. Okay.

3 (Exhibits 48 - 65 marked and received.)

4 BY MR. PENNEBAKER:

5 Q. Investigator Pickering, do you remember the  
6 allegations that you were investigating when you spoke to the  
7 defendant in May 2016?

8 A. I recall there being an allegation of failure to  
9 comply with the required supervision by a collaborative  
10 assistant -- I mean, a collaborative physician. And I recall  
11 there being allegations of either inappropriate or excessive  
12 prescribing of controlled substances. I think those are the  
13 ones that I recall mainly. I think there were some others,  
14 but I recall those two.

15 Q. Okay. And did you discuss those allegations with the  
16 defendant?

17 A. Yes, sir.

18 Q. Let's start with the supervising physician  
19 allegations. And the jury has heard about Tennessee law  
20 requiring a nurse practitioner to have a supervising  
21 physician. Is that consistent with your understanding of the  
22 law in Tennessee?

23 A. Yes.

24 Q. And as far as the Board is concerned, what is the  
25 function of a supervising physician?



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1       A.     They are to be physically onsite at least once every  
2     30 days. They are to be available at other times if there's  
3     any question or any issue that arises. They are to review at  
4     a minimum 20 percent of all the overall records of the agency  
5     and to sign those after review. And they are to review and  
6     sign 100 percent of all the charts having a controlled  
7     substance prescription.

8       Q.     So I want to play a portion of your May 2016 interview  
9     now. It's clip 606A in what the Government designated as --  
10    would that be -- do we have an exhibit number for that yet?

11               THE COURT:   Number 48.

12               MR. PENNEBAKER:   This will be Government's 48.

13                       (The audio was played.)

14               MR. PENNEBAKER:   And if we could then play what I  
15    think will be Government's -- or what will be Exhibit 49,  
16    which is what was designated Government's 606B.

17                       (The audio was played.)

18               MR. PENNEBAKER:   And then if we could play  
19    Exhibit 50, which is clip 606C, previously designated.

20                       (The audio was played.)

21               MR. PENNEBAKER:   And then the last on the  
22    supervising physician topic, if we could play what's  
23    previously marked as 606D, Exhibit 51.

24                       (The audio was played.)

25    BY MR. PENNEBAKER:

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1 Q. Investigator Pickering, did you find evidence that  
2 contrary to the defendant's statement on the recording, a  
3 supervising physician did not review a hundred percent of the  
4 charts of the controlled substance drug patients at  
5 PREVENTAGENIX?

6 A. Yes.

7 Q. How did your review differ from the defendant's  
8 assessment?

9 A. My review reflected that there were charts that did  
10 not have a supervising physician signature on those charts.  
11 Also there was no way to verify that 100 percent of the  
12 controlled substance charts were being monitored or reviewed  
13 by a collaborative physician. There was no system in place  
14 to verify that, that all of them would be.

15 Q. Okay.

16 A. Also in terms of the collaborative physician, I did  
17 note there was a break in coverage.

18 Q. And I want to get to that as well. I want to ask you  
19 one more question about the system. You said that -- you  
20 talked about reviewing charts. How did you get charts from  
21 PREVENTAGENIX?

22 A. I requested them on an official form that we utilize  
23 and -- on our letterhead. I provided a copy of the statute,  
24 63-1-117, that allows them to provide us with the medical  
25 record. It's not violating HIPAA. And then we -- I picked

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1 up those records. We have them notarized by the office, by  
2 Mr. Young or by his -- whoever he designates that they are --  
3 they are a complete record, nothing has been removed from it,  
4 nothing has been added to it.

5 Q. Did you review all the charts at PREVENTAGENIX?

6 A. No.

7 Q. How many would you say, give or take?

8 A. I requested 25. They were only able to locate 23 of  
9 the 25.

10 Q. Okay. And same question I asked you earlier about:  
11 Is it important that a -- somebody that you're interviewing  
12 tells you the truth. Is it important that those charts are  
13 the actual charts and not something that has been added to  
14 after the request is put in?

15 A. Oh, yes, sir.

16 Q. Why is that?

17 A. We have to be able to document appropriately and  
18 truthfully the care that was provided to be able to give that  
19 data to the individuals who are reviewing the records.

20 Q. And so you're counting on that -- those charts being  
21 subpoenaed. They weren't -- they weren't altered for the  
22 purpose of presentation to you?

23 A. Yes. We depend upon them not being altered in any  
24 way.

25 Q. Okay. So now I want to go back to the gap that you're

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1 talking about where you said that there were gaps in  
2 supervision. Can you explain that?

3 A. I'm going to refer for the dates to be sure that I  
4 have the dates correct if that's okay.

5 Q. If you wouldn't mind just, you know, reading first to  
6 refresh your recollection.

7 A. Okay.

8 Q. And then if you want to -- if it does refresh your  
9 recollection, going ahead and letting me know.

10 A. Okay. Thank you.

11 (Brief pause. )

12 THE WITNESS: Okay. It does. Yes, sir, it did  
13 help me to refresh as far as the time frame.

14 In reviewing interviews that I conducted with the  
15 collaborative physicians' sworn statements that they provided  
16 to me and then documentation from the advanced billing that  
17 was utilized by PREVENTAGENIX, it did reflect that Mr. Young  
18 worked for a period of time between October of 2015 and  
19 December of 2015 without collaborative physician supervision.

20 BY MR. PENNEBAKER:

21 Q. Okay. And when you investigated whether or not each  
22 of PREVENTAGENIX's supervising physicians were coming to  
23 PREVENTAGENIX every 30 days at least, to review charts, did  
24 what you reviewed and your conversations with these  
25 supervising physicians -- was that consistent?

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1       A.    No, sir.

2       Q.    And can you tell the jury what about it was  
3 inconsistent? And you can just tell that at a high level.

4       A.    They were not consistently going to the clinic every  
5 30 days to review and sign the charts. They could not tell  
6 me that they had signed 20 percent of the overall charts or  
7 100 percent of the controlled substance charts. They could  
8 only tell me that they signed the ones that were put before  
9 them, but they did not have any system to be able to verify  
10 with me that those were the numbers, the minimum of  
11 20 percent, and then the 100 percent of the controlled  
12 substance charts.

13       Q.    Who did they tell you you ought to ask if you wanted  
14 to know whether what they were looking at was 100 percent of  
15 the controlled substance and 20 percent of the overall?

16       A.    That I would have to ask the practice.

17       Q.    Okay. You mentioned inappropriate and/or excessive  
18 prescribing. Before we get there, I want to talk generally  
19 about -- or before we get to the part of the interview that  
20 deals with that, I want to talk about what you're looking for  
21 when you are investigating something like excessive or  
22 inappropriate prescribing of controlled drugs?

23       A.    Again, every case is unique and so what we look at --  
24 look for in one case may be a little bit different; but,  
25 generally, what we start looking at, we would look at the

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1 controlled substance monitoring database for the prescribing  
2 physician as to what he has prescribed under his DEA  
3 registration number for controlled substances. And we would  
4 look at individual -- the patient -- each individual patient,  
5 what was prescribed, the dosage, the quantity, the length of  
6 time, whether they were filled early, whether they would have  
7 any type of interaction with other controlled substances,  
8 possible interactions with other controlled substances that  
9 are listed on that CSMD.

10 We would also, in some circumstances, then go back and  
11 compare that with that individual patient's CSMD, which would  
12 tell you what the patient received and check to see if there  
13 were controlled substances being prescribed by additional  
14 providers or whether that patient was utilizing different  
15 pharmacies, multiple pharmacies.

16 And we looked to see if the patient's receiving  
17 multiple controls or if they're receiving controls --  
18 narcotics in conjunction with other drugs. Say they're  
19 getting an opioid and they're getting a muscle relaxer and  
20 they're getting an anti-anxiety drug. They're getting a  
21 medication for sleep, to see if they're getting additional  
22 medications that may have an interaction or may increase the  
23 possibility of an interaction or overdose.

24 Q. Do you have a name for those kinds of approximations  
25 of whether or not the prescribing is nontherapeutic or

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1 inappropriate or excessive? Are those called red flags?

2 A. Yes.

3 Q. So you're looking for those as red flags?

4 A. We also look -- we do ask for patient records. We  
5 look in the record to see if there are diagnoses that would  
6 warrant that type of medication, what the diagnoses is. We  
7 would also see if there are comorbidities, or there are other  
8 diagnoses they are being treated for. We would look to see  
9 if there -- say there is a diagnosis of pain, we would look  
10 to see are there testing results in the chart, are there lab  
11 results, are there X-rays or MRIs or whatever would be  
12 appropriate to be able to diagnose or say, yes, definitely  
13 there's an issue there.

14 We look to see if the patient has been seen by a  
15 previous provider. If so, are there records there that tell  
16 you what happened with the previous providers. Has that  
17 patient been referred out for any testing or for any sort of  
18 consultation? If so, are there records there reflecting the  
19 results? We look at to see if there are medications for  
20 pain, how long have they been prescribed, was something that  
21 was non-narcotic prescribed before it? Did they start at a  
22 lower level and move up? If the patient has been on the  
23 medication for an extended period of time, do we look to see  
24 if there's been any effort to titrate or lower the dosage or  
25 wean them off. Was there a referral to other specialties,

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1 whether it be neurology or other treatments such as physical  
2 therapy or those sorts of things.

3 We look to see has education been provided to that  
4 patient in terms of the -- you know, the possible side  
5 effects of these narcotic medications or to combinations of  
6 medications. Patient safety, you know, the possibility of  
7 addiction, those issues. We look to see if there are any  
8 sorts of documentation regarding monitoring these patients  
9 for addiction, monitoring them for overusage, or monitoring  
10 them for possible diversion or that sort of thing.

11 Are there urine drug screens? Are there pill counts?  
12 What are the results? If there are results that are  
13 inconsistent, then what actions were taken? Are there  
14 contracts if they're getting opioids? Are there opioid  
15 contract agreements saying that this what is expected of you  
16 and this is what will happen if you don't meet these  
17 expectations? So we look for a lot of different things in  
18 those charts, and then we simply note whether they're there  
19 or not.

20 Q. Okay. Thank you.

21 MR. PENNEBAKER: So I would offer -- now we're on  
22 52, correct?

23 BY MR. PENNEBAKER:

24 Q. Investigator Pickering, I will now play for you the  
25 Government's 606S as previously marked, which will be



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1 Exhibit 52.

2 (The audio was played.)

3 BY MR. PENNEBAKER:

4 Q. And I'm sorry that was hard to hear. Your question,  
5 it sounded like, was: Do you have any additional training in  
6 addiction medicine or pain management and his response --

7 A. Was no, he did not.

8 Q. Okay. Why is that something that you were asking him?

9 A. Typically, when someone is treating patients with pain  
10 management or if they have patients that may come in with  
11 addiction problems or they're on controlled substances and  
12 they're monitoring for possible addiction, you know, if you  
13 have a fairly large number of your population that's coming  
14 in for that type of treatment, then we ask, well, do you have  
15 additional training in pain management? Do you have  
16 additional training in addiction medicine? That's something  
17 we typically ask those people.

18 Q. And that training is available for nurse  
19 practitioners?

20 A. To my knowledge, yes, sir.

21 Q. Okay.

22 MR. PENNEBAKER: Okay. If we can, please,  
23 Ms. Silverberg, play 606E as previously designated, which is  
24 going to be Exhibit 53 now.

25 (The audio was played.)

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1 BY MR. PENNEBAKER:

2 Q. Investigator Pickering, we heard initial history is  
3 taken, physician exam, imaging, a patient history, recent  
4 imaging considered, maybe a referral to physical therapy,  
5 maybe a referral to a pain specialist. Would that be a  
6 pretty reasonable intake process for a new prospective pain  
7 patient?

8 A. It sounds like it would be reasonable. That's what I  
9 would usually see in these types of charts.

10 Q. Okay. Did you actually see that progression in the 25  
11 charts that you -- well, the 23, I suppose, charts that you  
12 reviewed?

13 A. In the 23 charts I reviewed, no, I did not see that  
14 consistently.

15 Q. And if it's okay, I'd like to break it down. So the  
16 patient histories that you saw in these charts of patients  
17 receiving narcotic opiate pain medications for chronic pain,  
18 what did that history look like?

19 A. Of course, I don't recall the specific histories for  
20 each chart, but overall, they were fairly limited in much of  
21 the chart, not a comprehensive type of history, I didn't see  
22 recorded in some of the charts.

23 Q. Was that pretty much true whether the patient was  
24 getting tramadol, which is a weaker opioid medication, or  
25 fentanyl, which is a much stronger opioid medication?

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1       A.    It was fairly consistent regardless of what the  
2 medication was.

3       Q.    Okay.  And is that typical of a legitimate pain  
4 practice?

5       A.    I would say in the charts that I reviewed, no.

6       Q.    Okay.  What about the documentation of physical  
7 assessments in the charts that you reviewed, just generally?

8       A.    Generally, again, there were usually physical  
9 assessments there, but again, fairly limited in the scope of  
10 what it described.

11      Q.    Okay.  And when you say that there were physical  
12 assessments there, what kind of physical assessments would  
13 you be --

14      A.    There would be, I think to the best of my recall,  
15 maybe a checklist.  But as far as just an overall assessment,  
16 I don't recall there being very consistent, good physical  
17 assessments.

18      Q.    Okay.  And the imaging that Mr. Young told you that he  
19 would move to after those two things, did you see a lot of  
20 imaging studies or imaging records in the patient files?

21      A.    Not consistently.

22      Q.    What about referrals to physical therapy, did you see  
23 a lot of that?

24      A.    No, sir.

25      Q.    Did you see a lot of -- did you see much or even any

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1 other modalities used to treat supposed chronic pain save  
2 opioids? Terrible question. Let me ask that one more time.  
3 I'm sorry. Did you see alternative modalities being used to  
4 treat pain other than medication?

5 A. I did see a couple of referrals, maybe to neuro; but  
6 in terms of like physical therapy, you know, whatever, heat  
7 and cold, whatever, just examples like that, I don't recall  
8 seeing a lot of that.

9 Q. Okay. Referrals to pain specialists, how about that?

10 A. I saw, I think, a couple of referrals to pain  
11 specialists, but then there was no follow-up afterwards. I  
12 think in one chart the patient came back to him, but I don't  
13 see consistent follow-up. If there's a referral, then  
14 there's nothing after that. And the patients I did ask did  
15 they continue to see you also and did you prescribe after  
16 that, and he did say yes.

17 Q. Okay. Is that an issue in your mind? Is that a red  
18 flag?

19 A. Typically, it would be.

20 Q. Why is that?

21 A. Patients usually who go to pain specialists, typically  
22 they don't come back. They're treated by pain specialists  
23 whether it be with procedures or medication. I don't see a  
24 lot of them going back to their referring provider.

25 MR. PENNEBAKER: If we could, please -- we're on

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1 54, okay. If we could, please, play what's been previously  
2 marked as Government's 606U and will be Exhibit 54.

3 (The audio was played.)

4 BY MR. PENNEBAKER:

5 Q. Did you -- were you able to confirm that PREVENTAGENIX  
6 had stopped accepting new pain patients three months before  
7 this interview?

8 A. No, I could not confirm that.

9 Q. You had to take the defendant's word for it?

10 A. Yes, sir.

11 Q. But his representation to you was we're not accepting  
12 any new pain patients as of three months before May --

13 A. Yes, sir.

14 Q. -- 2016?

15 A. That's what he told me, yes, sir.

16 Q. And you relied on that representation in putting  
17 together your report?

18 A. Yes.

19 MR. PENNEBAKER: If we could, please, play which  
20 was previously marked as 606F, which will be Exhibit 55.

21 (The audio was played.)

22 BY MR. PENNEBAKER:

23 Q. Okay. Can you tell the jury what a non-narcotic  
24 analgesic is?

25 A. It's a medication that's prescribed for pain that does

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1 not contain a narcotic.

2 Q. So what is the significance, the investigative  
3 significance to you, if a practitioner treating pain starts  
4 with a non-narcotic analgesic?

5 A. Typically starting with a non-narcotic analgesic is  
6 your first step. There are fewer side effects in terms of  
7 like worrying about respiratory depression and that sort of  
8 thing. But it's a progressive thing. If it's able to be  
9 controlled with a non-narcotic, then you don't have to move  
10 up to something that's stronger. And so that's one of the  
11 reasons we ask that, did you try this before you tried this.

12 Q. And so that was the right answer, if you will, was it  
13 not?

14 A. Yes.

15 Q. Did you then see evidence that that was the  
16 progression happening in the PREVENTAGENIX charts that you  
17 reviewed?

18 A. Not consistently. And I did see a couple of notations  
19 that said they were on a non-narcotic prescription before  
20 they came here, and they said that it didn't work. But I  
21 didn't see those records from that previous provider to be  
22 able to substantiate that. So, you know, that notation might  
23 be there in one or two charts, but I could never -- I could  
24 not substantiate because I did not have the previous records.

25 Q. Okay. So, for example, if someone came in -- well,

**EXAMINATION OF SHIRLEY PICKERING**

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1 I'm going to strike that question.

2 MR. PENNEBAKER: So if we could please play  
3 clips -- what's been marked as -- or previously designated  
4 606H and will be Exhibit 56.

5 (The audio was played.)

6 BY MR. PENNEBAKER:

7 Q. Would hydrocodone and fentanyl be an example of two  
8 narcotic prescriptions for pain at the same time?

9 A. Yes, sir.

10 Q. So if the rule at the practice is no patient gets two  
11 narcotic medications for pain at the same time, that  
12 combination, you would need to go see a pain specialist  
13 first?

14 A. According to what he said on tape, yes.

15 Q. Is that a pretty good practice in your view as an  
16 investigator? Would that be a pretty good practice having  
17 anybody that's going to receive two narcotic pain medications  
18 go see a pain specialist?

19 A. Yes, sir.

20 Q. Why is that?

21 A. Because they've been trained specifically in that type  
22 of field as to what can be done, what should be done, what  
23 sorts of precautions need to be taken, what they need to  
24 monitor for, what the patient needs to tell them, what they  
25 need to check on, signs of diversion. It's just a safer way

**EXAMINATION OF SHIRLEY PICKERING**

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1 of practicing, I think.

2 Q. Is it -- can two -- can being prescribed two narcotics  
3 for pain at the same time be a dangerous combination?

4 A. It can be.

5 MR. PENNEBAKER: Could I, please, get what's  
6 previously been designated 606G, Government 606G, which I  
7 think will now be 56 -- 57 excuse me. I'm doing my best  
8 here.

9 (The audio was played.)

10 BY MR. PENNEBAKER:

11 Q. Okay. Would it be true -- would it be an accurate  
12 representation of the PREVENTAGENIX charts that you reviewed  
13 that before prescribing something like morphine or stronger,  
14 the patient would always be referred out to a pain  
15 specialist?

16 A. No.

17 Q. Is fentanyl stronger than morphine?

18 A. Fentanyl is an extremely strong drug, yes, sir.

19 Q. Okay. So fentanyl would definitely be over that line?

20 A. Yes, sir. I think fentanyl is -- yes.

21 Q. And you're -- it seems like you have something else to  
22 say about that?

23 A. No.

24 Q. Thank you, Ms. Pickering -- Investigator Pickering.  
25 Sorry.



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1                   MR. PENNEBAKER: Okay. If we could, please, play  
2 now what's been previously designated Government 606J, which  
3 will be Exhibit 58.

4                   (The audio was played.)

5 BY MR. PENNEBAKER:

6       Q. Investigator Pickering, in the charts from  
7 PREVENTAGENIX that you reviewed, did you see a lot of chronic  
8 pain patients that had gone to a pain specialist and been  
9 deemed untreatable with any treatment other than medication  
10 and then being subsequently referred back to PREVENTAGENIX  
11 to -- for medication maintenance with a PCP?

12       A. No.

13       Q. Did you see any examples of that?

14       A. I saw no records from pain clinics reflecting that  
15 they had been sent back, that they were not treatable at pain  
16 clinics. The records I was provided, I did not see that  
17 documentation in there.

18       Q. Now, did you see documentation of Mr. Young continuing  
19 the prescription regimen that a patient had been on someplace  
20 else?

21       A. Yes.

22       Q. When you saw that, was that someplace else a pain  
23 specialist, a pain doctor much of the time?

24       A. No.

25       Q. What kinds of prescribers was he continuing those

**EXAMINATION OF SHIRLEY PICKERING**

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1 regimens on?

2 A. To the best of my recall, they were other family  
3 clinics, family providers, internists, yes.

4 Q. Without a pain certification or anything like that?

5 A. Yes, sir.

6 Q. Did you see any evidence in the charts that you  
7 received from PREVENTAGENIX that these patients were  
8 untreatable by any other means other than medication?

9 A. I think I recall seeing that documentation by  
10 Mr. Young, but I did not see it reflected in any previous  
11 records where they had been seen before or any pain clinic  
12 records where they had gone to and -- it was not successful.  
13 I did not see those records.

14 Q. Would you expect to find a lot of individuals falling  
15 into that category younger than 40?

16 A. No, sir.

17 Q. Why not?

18 A. Typically, those individuals can be treated by those  
19 types of interventions or by pain clinics. That's one of the  
20 red flags if you see patients at a relatively young age who  
21 are being treated chronically with controlled substances for  
22 pain.

23 Q. You mentioned that you saw notes where patients were  
24 being referred to maybe a pain specialist or neuro or  
25 something like that, no follow-up documentation?

**EXAMINATION OF SHIRLEY PICKERING**

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1 A. Correct.

2 Q. Do you remember that?

3 A. Yes.

4 Q. Did you see in those charts that the defendant would  
5 continue to prescribe Schedule II drugs to patients that have  
6 those kinds of referrals in their charts?

7 A. Yes.

8 Q. And you may have mentioned this. I'm sorry if I  
9 missed it. But did you find any patients coming back or  
10 patients with referrals in their charts where whatever that  
11 referral was, was reflected in subsequent visits with  
12 Mr. Young?

13 A. I did not.

14 Q. Okay.

15 MR. PENNEBAKER: If we can, please, play what's  
16 been previously designated Government 606K, now 59.

17 (The audio was played.)

18 BY MR. PENNEBAKER:

19 Q. What are pill counts?

20 A. Typically, you would have the patient come in. You  
21 count the number of pills they have remaining in their  
22 bottle. You compare them against when the prescription was  
23 filled and determine whether or not they're taking them  
24 appropriately, if they have the appropriate number left in  
25 the bottle.

**EXAMINATION OF SHIRLEY PICKERING**

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1 Q. Is that kind of like an accountability mechanism?

2 A. Yes.

3 Q. Did you find any evidence of pill counts happening in  
4 the PREVENTAGENIX records you looked at?

5 A. I did not find documentation of it.

6 MR. PENNEBAKER: If we could, please,  
7 Ms. Silverberg, play what's been previously designated  
8 Government's 606L, which will be Exhibit 60.

9 (The audio was played.)

10 BY MR. PENNEBAKER:

11 Q. Did you find any evidence in the PREVENTAGENIX charts  
12 that Mr. Young or anyone else at PREVENTAGENIX was educating  
13 patients about drug addiction?

14 A. I did not see any documentation of that.

15 Q. Why is that important?

16 A. It is important for a patient to know what the  
17 possible effects are of the medication that they're  
18 receiving, and one of the possible effects of controlled  
19 substances is addiction. They need to be aware of that.

20 MR. PENNEBAKER: If we could, please, play 606N  
21 previously designated, which will be Exhibit 61.

22 (The audio was played.)

23 BY MR. PENNEBAKER:

24 Q. And we hear, again, I used the form modalities  
25 earlier. Can you tell the jury, just summarize what

**EXAMINATION OF SHIRLEY PICKERING**

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1 modalities refers to?

2 A. It's a type of treatment other than medication for  
3 whatever ailment or illness that you're treating for. It  
4 would be things such as physical therapy. It would be maybe  
5 a TENS unit that you would order for someone. You might --  
6 exercise therapy based on patients -- chiropractic. Just  
7 different types of therapy that might help them to avoid  
8 utilizing the stronger medications.

9 Q. And acupuncture being one of those too?

10 A. Yes.

11 Q. Do you encounter providers that simply don't know that  
12 these kinds of things are appropriate treatments for pain?

13 A. Not typically, no.

14 Q. Have you encountered providers that are just unaware  
15 of these kind of best practices?

16 A. Not the ones I have dealt with.

17 Q. Fair to say that Mr. Young seemed to you to be  
18 comfortable with best practices in this regard?

19 A. Yes, sir.

20 MR. PENNEBAKER: If we can now go to, please,  
21 what's been previously marked as 606M because I think that  
22 last one was N, which will be 62, or Exhibit 62.

23 (The audio was played.)

24 BY MR. PENNEBAKER:

25 Q. So is it a good practice to have something in place, a

**EXAMINATION OF SHIRLEY PICKERING**

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1 system, like, if I have to titrate your pain medicine more  
2 than twice, I'm going to need to refer you to a specialist?

3 A. Yes, sir.

4 Q. That's a -- that would be considered a good practice?

5 A. Yes, sir.

6 Q. Did you find any evidence of that in the PREVENTAGENIX  
7 records?

8 A. No, sir.

9 MR. PENNEBAKER: If we could, please, play 606 --  
10 what's been previously designated 606P, like Paul, and this  
11 will be Exhibit 63. Thank you.

12 (The audio was played.)

13 BY MR. PENNEBAKER:

14 Q. Did you find any evidence in PREVENTAGENIX's files  
15 that before Mr. Young would prescribe Schedule II stimulants  
16 like Adderall for ADHD that that form we heard mentioned --  
17 do you know what that form is?

18 A. Yes.

19 Q. Did you find any evidence of that in the PREVENTAGENIX  
20 records?

21 A. Not consistently, I did not find those forms.

22 Q. Okay.

23 MR. PENNEBAKER: If we could go to 606Q, which is  
24 going to be Exhibit 64.

25 (The audio was played.)

**EXAMINATION OF SHIRLEY PICKERING**

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1 BY MR. PENNEBAKER:

2 Q. Why is it a red flag if a provider sees patients after  
3 the clinic is closed?

4 A. Many times there's not other staff available there at  
5 the clinic, so there's not the usual oversight. Again, you  
6 have to ask why are you seeing them after those established  
7 hours. And is this a common thing for them. But there are  
8 some red flags in seeing patients after established clinic  
9 hours, unless it's an emergency status.

10 Q. And so when -- if Mr. Young tells you unequivocally,  
11 no, I don't do that, do you have any way to figure out  
12 whether he's telling you the truth?

13 A. No, sir, I would accept him at his word that that's  
14 the case.

15 MR. PENNEBAKER: If we could play 606V, please,  
16 which is going to be Exhibit 65.

17 (The audio was played.)

18 BY MR. PENNEBAKER:

19 Q. Is Xanax a controlled medication?

20 A. Yes, sir.

21 Q. Is it addictive?

22 A. Yes, sir.

23 Q. Is it frequently abused?

24 A. Yes, sir.

25 Q. Is it part of a cocktail called the holy trinity where

**EXAMINATION OF SHIRLEY PICKERING**

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1 someone is prescribing a muscle relaxer, a benzodiazepine,  
2 like Xanax, and an opioid?

3 A. Yes, sir.

4 Q. Does it have street value?

5 A. Yes, sir.

6 Q. So your question about how long Xanax would be used,  
7 why did you ask that question?

8 A. Again, for a variety of reasons. You know, if it's  
9 being used for a long period of time, you know, have they  
10 been referred to a mental health specialist to maybe be able  
11 to get to the root of the problem and maybe able to wean or  
12 titrate off.

13 Again, you know, you worry when somebody has been on  
14 something for a long time also for the addiction  
15 possibilities. You worry about in terms of side effects.  
16 And are they combining them with other drugs, what's going on  
17 that they require this for a long period of time, and is it  
18 well documented why that they're requiring it.

19 Q. And so the -- did you see a lot of documentation about  
20 patients being prescribed Xanax for long periods of time, why  
21 that might be taking place at PREVENTAGENIX?

22 A. No, I did not.

23 MR. PENNEBAKER: If we could, please, play 606R,  
24 which is going to be Exhibit 66.

25 (Exhibit 66 marked and received.)



**EXAMINATION OF SHIRLEY PICKERING**

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1 (The audio was played.)

2 BY MR. PENNEBAKER:

3 Q. Okay. To unpack that a little bit, alprazolam, I  
4 think you mentioned, was the number one drug prescribed by  
5 Mr. Young?

6 A. Of the controlled substances, yes, sir.

7 Q. Is alprazolam the same thing as the Xanax that  
8 Mr. Young said in the previous recording, I don't like to  
9 prescribe because it's more addictive than Klonopin and  
10 longer half life and all that?

11 A. My understanding, yes, sir.

12 Q. Or excuse me, a shorter half life, right?

13 A. Shorter, yes, sir.

14 Q. But yet there it is as his number one?

15 A. Yes, sir.

16 Q. And then the next was hydrocodone?

17 A. Yes, sir.

18 Q. You've got oxycodone, amphetamine, Soma, or  
19 Carisoprodol, all of those are in the top list that you had.  
20 Did Mr. Young seem surprised by that?

21 A. No, sir.

22 Q. Is there anything unusual about that list of top drugs  
23 as an investigator?

24 A. Just in my experience as an investigator, it does seem  
25 like a large number of controlled substances for that number

**EXAMINATION OF SHIRLEY PICKERING**

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1 of patients. And to be a family practice provider rather  
2 than a pain specialist, particularly so.

3 Q. How about with the amphetamine, is ADHD -- is that a  
4 family practice-type diagnosis usually?

5 A. It can be. I did not -- I think he said something  
6 about testing. I did not find the testing results in the  
7 records that I reviewed.

8 Q. Did you find a lot of psych evaluations for things  
9 like Xanax and Klonopin?

10 A. No, sir, I did not.

11 Q. Did you find any?

12 A. I don't recall finding any.

13 Q. Now, that wasn't the first or last time that you and  
14 others at the Board interviewed Mr. Young, correct?

15 A. Correct.

16 MR. PENNEBAKER: And, Your Honor, I would, in  
17 case I didn't do it clearly before, I certainly didn't do it  
18 artfully before, I would move in exhibits --

19 MS. PAYERLE: They're --

20 MR. PENNEBAKER: Okay. Great. I just want to  
21 make sure for the record that we've got all of the exhibits  
22 that I just went through and moved in.

23 CASE MANAGER: I went through. I didn't realize  
24 you were going to go out of order based on yours. I would  
25 have to go back and renumber, but it looks like I'm missing

**EXAMINATION OF SHIRLEY PICKERING**

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1 as far as A through U, missing B, I, and O.

2 MS. PAYERLE: We deleted I and O.

3 CASE MANAGER: And what about B?

4 MR. PENNEBAKER: I think B, I did -- I think we  
5 did play B.

6 MS. SILVERBERG: We did play B. He has it.

7 CASE MANAGER: It goes from A to C.

8 MR. PENNEBAKER: That's very impressive that you  
9 got all of that.

10 MS. SILVERBERG: You don't have it there in your  
11 stack?

12 MR. PENNEBAKER: That is possible. I have V  
13 here.

14 CASE MANAGER: All right. Then I'll need V.  
15 That is 65.

16 MR. PENNEBAKER: So we can give it to you after  
17 the break. Thank you.

18 THE COURT: That's what we'll do. They will all  
19 be admitted. Double-check the numbers, and make sure it's  
20 straight at our break.

21 MR. PENNEBAKER: We will, Your Honor. Thank you.

22 BY MR. PENNEBAKER:

23 Q. Okay. So Investigator Pickering, have you reviewed a  
24 recording of an interview with the defendant conducted by  
25 Brandy Blare at the defendant's GeneXis clinic in 2018?

**EXAMINATION OF SHIRLEY PICKERING**

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1 A. Yes, sir.

2 MR. PENNEBAKER: And, Your Honor, I would offer  
3 what's previously been marked as Government's 613A as  
4 Exhibit 67.

5 THE COURT: 67. The next one will be 67.

6 (Exhibit 67 marked and received.)

7 (The audio was played.)

8 MR. FERGUSON: The defense doesn't have any  
9 objection if they just ask Ms. Pickering what the statement  
10 was and the answer. I mean, I'm perfectly fine. If she  
11 knows, she's heard it before, I would assume she would know  
12 what the question and answer were. We have no objection.

13 MR. PENNEBAKER: Thank you.

14 MR. FERGUSON: No, that's fine.

15 BY MR. PENNEBAKER:

16 Q. Ms. Pickering -- or Investigator Pickering, do you --  
17 what did you hear in that recording?

18 A. In the recording, I heard a relationship with and then  
19 the name is -- was -- you know, you could not hear the name  
20 and he said no.

21 Q. Was there an investigation into whether or not  
22 Mr. Young had a sexual relationship with a patient at  
23 PREVENTAGENIX named Courtney Howell Taylor?

24 A. Yes, sir.

25 MR. PENNEBAKER: And could we just one more time

**EXAMINATION OF SHIRLEY PICKERING**

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1 play that recording?

2 MR. FERGUSON: Your Honor, the defense would  
3 stipulate the question and answer appears to be: Did  
4 Mr. Young have sexual relations, consensual or unconsensual,  
5 with Ms. Courtney Howell, and the answer was no. I think if  
6 the jury gets back there and wants to listen to it again in a  
7 different recording situation, they can hear it. I can hear  
8 it. And we'll stipulate as long as the Government also says  
9 that that's what it says. That's what it is.

10 MR. PENNEBAKER: I think there's a subsequent  
11 question never, and then an answer never, or something like  
12 that.

13 MR. FERGUSON: We're fine with that, Your Honor.  
14 We'll stipulate to that. If we need to put it in writing for  
15 the jury, whatever is convenient for the Court.

16 THE COURT: Thank you, Mr. Ferguson.

17 MR. FERGUSON: You're welcome.

18 THE COURT: What was the name of the individual  
19 again, Courtney --

20 MR. PENNEBAKER: Howell Taylor.

21 THE COURT: Howell Taylor.

22 MR. PENNEBAKER: H-O-W-E-L-L, T-A-Y-L-O-R.

23 BY MR. PENNEBAKER:

24 Q. And, Investigator Pickering, why would it be of  
25 interest to the Board that a provider was having sex with a

**EXAMINATION OF SHIRLEY PICKERING**

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1 patient?

2 A. Providers, it falls, I believe, basically, under the  
3 ethics that providers are not to have sexual relationships  
4 with their patients.

5 Q. Okay. And, Investigator Pickering, do you recall  
6 another interview that you did with the defendant where you  
7 were investigating a patient named Michael Yancey? And I  
8 don't -- I want to be just clear that I'm just asking you at  
9 this point about whether you were investigating the file --  
10 or whether you were investigating the defendant's treatment  
11 of that patient?

12 A. Yes.

13 Q. Okay. I'm going to play you a -- an excerpt from that  
14 interview.

15 MR. PENNEBAKER: It's been previously designated  
16 Government 607A. And that would be Exhibit 67 -- 68. So,  
17 Your Honor, the Government would offer -- Exhibit 68 into  
18 evidence.

19 THE COURT: Okay. Go ahead.

20 (Exhibit 68 marked and received.)

21 (The audio was played.)

22 BY MR. PENNEBAKER:

23 Q. Investigator Pickering, your first name is Shirley,  
24 correct?

25 A. Yes.

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1 Q. What -- were you all talking about a patient before  
2 the last part of that discussion?

3 A. Yes.

4 Q. Had you asked anything to the defendant, Mr. Young,  
5 about your reputation in the tabloids?

6 A. No.

7 Q. Were you particularly aware of a reputation that you  
8 or the Board had in the tabloids in Jackson?

9 A. I had heard some things. I hadn't delved into them.

10 Q. What did you take that statement to mean, asking you  
11 whether you were aware that people mentioned you by name in  
12 the tabloids?

13 A. I felt, in a way -- I felt that it was a little bit of  
14 an intimidation tactic, yes.

15 Q. Why did you feel that way?

16 A. It had nothing to do with what we were discussing, the  
17 fact that he had to tell me specifically that I was mentioned  
18 by my name. It actually -- it just did not feel like an  
19 appropriate response.

20 Q. Had you ever investigated threats or HIPAA  
21 violation-type disclosures online involving the defendant?

22 A. I believe so, yes.

23 Q. Did -- did that contribute to your impression?

24 A. Yes.

25 Q. Could you say a little bit more about that.

**EXAMINATION OF SHIRLEY PICKERING**

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1       A.     In reviewing those types of data that you referred to,  
2     I noted a number of times when there were threats made or  
3     threatening statements made by Mr. Young or friends of  
4     Mr. Young or patients of Mr. Young. And so that statement  
5     then made to me did feel a bit like it was meant to be  
6     intimidating. Whether it was or not, that's how it felt.

7       Q.     Was that the only time during that particular  
8     interview that your reputation in the tabloids was mentioned  
9     by Mr. Young?

10      A.     There was a prior mention by Mr. Young that my name  
11     and my information was on the Internet.

12      Q.     Are you aware of a -- a recorded interview that was  
13     conducted by phone with Mr. Young by another investigator  
14     with the Board in the 2018-2019 time frame?

15      A.     If you could provide the investigator's name?

16      Q.     It is not Ms. Blare, Investigator Blare. It is --

17      A.     Ms. Hopper?

18      Q.     No.

19      A.     I'm the supervisor in the office. It would have been  
20     Ms. Hopper, Ms. Jones . . .

21      Q.     I think it was Ms. Jones.

22      A.     Ms. Jones. She -- to my recall, Ms. Jones did do an  
23     investigation.

24      Q.     As a supervisor in the office, would you have reviewed  
25     investigative files of the investigators that might have been



**EXAMINATION OF SHIRLEY PICKERING**

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1 working on an investigation into Mr. Young?

2 A. I would not have reviewed their files, but I would  
3 have discussed the cases with them.

4 Q. Would you have listened to interviews, given your  
5 history of investigating Mr. Young?

6 A. Yes, I probably would have, yes.

7 Q. Okay.

8 MR. PENNEBAKER: Your Honor, the Government would  
9 offer Government's 605A, previously designated, which is now  
10 going to be 69.

11 THE COURT: 69, yes.

12 (Exhibit 69 marked and received.)

13 BY MR. PENNEBAKER:

14 Q. Investigator Pickering, were you ever in any of the  
15 investigations that you or the others at the Board were  
16 involved in, were you ever doing the bidding of Dawn Cox  
17 Young?

18 A. No, sir.

19 MR. PENNEBAKER: I'll pass the witness. Thank  
20 you.

21 THE COURT: And, Mr. Ferguson, any cross?

22 MR. FERGUSON: Thank you, Your Honor.

23 CROSS-EXAMINATION

24 BY MR. FERGUSON:

25 Q. How many of Mr. Young's records did you review?

**EXAMINATION OF SHIRLEY PICKERING**

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1 A. Twenty-three.

2 Q. And how many of Mr. Young's ex-wives did you speak to?

3 A. I believe one.

4 Q. Would that be Dawn?

5 A. I believe so, yes, sir.

6 MR. FERGUSON: That's all I have, Your Honor.

7 Thank you.

8 THE COURT: Any redirect?

9 MR. PENNEBAKER: No, Your Honor.

10 THE COURT: Okay. Investigator Pickering, thank  
11 you very much for coming down. You can step down.

12 We're going to go ahead and take our afternoon  
13 break right now. We're coming down to about 3:30, and then  
14 I'll deal with the next witness in just a few minutes.

15 Always the same, leave your notebooks and don't  
16 discuss, no independent investigations. Why don't you go  
17 ahead and retire to the jury room.

18 (Jury out at 3:20 p.m.)

19 THE COURT: We'll be in recess.

20 (A recess was taken from 3:21 p.m. to 3:47 p.m.)

21 THE COURT: All right. Anything before we get  
22 back to the jury?

23 MR. PENNEBAKER: No, Your Honor.

24 MR. FERGUSON: No, Your Honor.

25 THE COURT: All right. Bring them in, please.

1 (Jury in at 3:48 p.m.)

2 THE COURT: I want to make sure everybody is  
3 here. There we go. I think we're ready to proceed at this  
4 time. Call your next witness.

5 MS. PAYERLE: Thank you, Your Honor. The United  
6 States calls Kristina St. Laurent.

7 THE COURT: All right.

8 Step forward right up here. Okay. You're fine  
9 right there. If you would, please, raise your right hand.

10 (The witness was sworn.)

11 THE COURT: Be seated right here, please.

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**EXAMINATION OF KRISTINA ST. LAURENT**

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1                                   **KRISTINA ST. LAURENT,**

2       called as a witness on behalf of the Government, having been  
3       first duly sworn, testified as follows:

4                                   DIRECT EXAMINATION

5       BY MS. PAYERLE:

6           Q.     Good afternoon.

7           A.     Good afternoon.

8           Q.     Ms. St. Laurent, would you please -- I'm sorry. It's  
9       Special Agent St. Laurent now, isn't it?

10          A.     It is.

11          Q.     Excellent. Would you please introduce yourself to the  
12       jury?

13          A.     Ladies and gentlemen, my name is Kristina St. Laurent.  
14       I'm a law enforcement officer of 11 years and a TBI agent of  
15       about two months.

16          Q.     Congratulations.

17          A.     Thank you.

18          Q.     Okay. So what is your, I guess, current occupation --

19                   THE COURT: Excuse me. Y'all never do this, but  
20       would you spell your last name, please?

21                   MS. PAYERLE: Oh, I apologize.

22                   THE COURT: I always do that.

23                   THE WITNESS: Sure. It is S-T, period,  
24       L-A-U-R-E-N-T.

25                   THE COURT: Thank you.

**EXAMINATION OF KRISTINA ST. LAURENT**

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1 MS. PAYERLE: I'll make a big note of that, Your  
2 Honor.

3 BY MS. PAYERLE:

4 Q. All right. So what is your current position at TBI?

5 A. Special agent over drugs and narcotics.

6 Q. And before you got this job at TBI, what was your  
7 position?

8 A. Detective.

9 Q. And where was that?

10 A. Greenville City Police Department in upper east  
11 Tennessee.

12 Q. Were you in the -- when you were in that position,  
13 were you involved in the investigation into Jeffrey Young and  
14 his clinic PREVENTAGENIX?

15 A. During that time, I was a patrol officer on the road.

16 Q. That's on the road for also Greenville City Police?

17 A. Yes, ma'am.

18 Q. All right. And were you involved in the investigation  
19 into Jeffrey Young?

20 A. Yes, ma'am.

21 Q. Could you describe your role in that investigation?

22 A. During that investigation, I worked in an undercover  
23 capacity on two occasions.

24 Q. And what did you do in your undercover capacity for  
25 the investigation?

**EXAMINATION OF KRISTINA ST. LAURENT**

70

1       A.     Myself and another undercover officer arrived at the  
2     clinic on both occasions and obtained prescriptions, narcotic  
3     prescriptions, from Mr. Young.

4       Q.     Where was Mr. Young's practice located?

5       A.     Jackson, Tennessee.

6       Q.     And as part of your role as an undercover, did you  
7     adopt a fake identity?

8       A.     I did.

9       Q.     And what was her name?

10      A.     Kristina Norton.

11      Q.     And did your undercover have a fake driver's license?

12      A.     Yes.

13      Q.     With a fake birthday?

14      A.     Yes.

15      Q.     All right. How old was Kristina Norton?

16      A.     I believe, 28.

17      Q.     All right. Was that close to your age at the time?

18      A.     It was. I believe I was 31 at the time of the  
19     operation.

20      Q.     Where did the, sort of, undercover person, Kristina  
21     Norton, live according to her driver's license?

22      A.     Greenville, Tennessee.

23      Q.     And how far away in driving is Greenville, Tennessee  
24     from Jackson approximately?

25      A.     I would just approximate, seven hours -- six hours,

**EXAMINATION OF KRISTINA ST. LAURENT**

71

1 seven hours.

2 Q. When you went to PREVENTAGENIX as Kristina Norton, how  
3 did you pay for your visits?

4 A. I paid in cash.

5 Q. Okay. Now, the jury has already seen some visits, and  
6 I believe it was one involving you. It was one of your  
7 visits on October 11, 2016?

8 A. It was.

9 Q. And were you with an undercover whose identity was  
10 Katie Crowder?

11 A. I was.

12 Q. All right. During that visit or the subsequent one,  
13 did you or Ms. Crowder kind of move around like you were in  
14 pain?

15 A. No.

16 Q. During that first visit, did Mr. Young touch you in an  
17 examination?

18 A. I believe it was the first visit, yes.

19 Q. All right. And when he touched you -- now, to be  
20 clear, it wasn't sexual in nature?

21 A. No, not at all.

22 Q. Okay. Did he -- what exactly was he doing when he  
23 touched you? Like, how did he touch you?

24 A. I was standing with my back facing him, and he was  
25 feeling my lower lumbar area with his -- both hands.

**EXAMINATION OF KRISTINA ST. LAURENT**

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1 Q. And when he touched you, did you wince or pretend to  
2 be in any kind of pain?

3 A. No, ma'am.

4 Q. Were you able to stand up and sit down in his office  
5 easily?

6 A. Yes, ma'am.

7 Q. Okay. And you received a prescription on that visit?

8 A. I did.

9 Q. All right. Because the jury has sort of already seen  
10 that, we're going to skip to the next visit, your second  
11 visit.

12 A. Sure.

13 Q. Did you return to Mr. Young's clinic in November  
14 of 2016?

15 A. I did.

16 Q. And is that clip -- that's something that you've seen  
17 before, the recording of that visit?

18 A. It is.

19 Q. Were you the one holding the recording device?

20 A. That, I can't recall.

21 Q. Okay.

22 MS. PAYERLE: The Government moves to admit what  
23 we've marked 1132, and it's a video recording of the November  
24 15, 2016 visit.

25 THE COURT: Okay. We'll go ahead and receive it.



**EXAMINATION OF KRISTINA ST. LAURENT**

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1 I believe that will be Number 70.

2 (Exhibit 70 marked and withdrawn.)

3 MS. PAYERLE: Let's go ahead and play for the  
4 jury, Exhibit 70.

5 (The video was played.)

6 MS. PAYERLE: I'm sorry. Let's pause that.  
7 Actually, if the Government can withdraw Exhibit  
8 70.

9 THE COURT: Yes, it will be withdrawn.

10 MS. PAYERLE: Okay. Thank you.

11 BY MS. PAYERLE:

12 Q. All right. During that visit with Mr. Young, did he  
13 ask you anything specific about your pain level, if you  
14 recall?

15 A. No, I don't remember him mentioning it at all.

16 Q. Okay. And at that time that you went in, were you --  
17 had he -- I'm sorry. In the prior visit, had he prescribed  
18 you oxycodone?

19 A. He had.

20 Q. All right. And had he ordered an MRI?

21 A. He had.

22 Q. All right. I'm going to show you a two-page document  
23 that we've marked 1134. Is that a copy of an MRI report?

24 A. It is.

25 Q. Two pages?

**EXAMINATION OF KRISTINA ST. LAURENT**

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1 A. It is.

2 Q. Thank you.

3 MS. PAYERLE: Move to admit. I believe this  
4 would be Exhibit 70.

5 THE COURT: This is Exhibit No. 70, yes.

6 (Exhibit 70 marked and received.)

7 MS. PAYERLE: All right. Let's go ahead and put  
8 the new exhibit up here, which is 1134.

9 BY MS. PAYERLE:

10 Q. All right. Ms. Norton -- I'm sorry. You're  
11 Ms. St. Laurent -- your character is Ms. Norton.

12 MS. PAYERLE: Let's blow up from here to here all  
13 the way across, if we could.

14 BY MS. PAYERLE:

15 Q. Is this a copy of an MRI report for Kristina Norton?

16 A. It is.

17 Q. And did you give this report to Mr. Young, or did  
18 somebody fax it to him?

19 A. That I'm not certain of.

20 Q. You're not certain.

21 MS. PAYERLE: Okay. Let's back out, actually, of  
22 this report. And let's look -- open this part here.

23 BY MS. PAYERLE:

24 Q. And do you see where the annotation says: Fax results  
25 to Jeff Young?

**EXAMINATION OF KRISTINA ST. LAURENT**

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1 A. Yes.

2 Q. And does that help you refresh --

3 A. Yes, it does.

4 Q. All right. Great.

5 MS. PAYERLE: Okay. So let's back out of this,  
6 and take a look at the test results section there.

7 BY MS. PAYERLE:

8 Q. What did this MRI report tell Mr. Young about the  
9 state of your back?

10 A. It stated that there were no issues with my disk, my  
11 lumbar disks, and that there was a slight curvature of the  
12 spine.

13 Q. Did you ever -- is this actually true of you? I mean,  
14 is this an MRI of you?

15 A. This is actually taken of me, yes.

16 Q. Okay. And so the slight curvature of the spine, did  
17 you ever figure out what that was?

18 A. What the doctor told me, there was -- that it is a  
19 mild case of scoliosis.

20 Q. Did you ever know you had it?

21 A. No, I didn't.

22 Q. Had it ever caused you any pain?

23 A. No, it hasn't.

24 Q. All right. And, otherwise, it says: No significant  
25 disk height loss.

**EXAMINATION OF KRISTINA ST. LAURENT**

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1 Do you see that?

2 A. I do.

3 Q. And it says: The osseous mineralization is normal.

4 Do you see that?

5 A. I do.

6 Q. And no acute osseous findings.

7 Do you see that?

8 A. I do.

9 Q. Did Mr. Young ever go over with you what any of this  
10 meant?

11 A. No.

12 Q. At the end of this visit, did you get a -- did you get  
13 a prescription?

14 A. I did.

15 Q. And did you fill that prescription?

16 A. I did.

17 Q. All right. I'm going to show you a two-page document  
18 called 1133, and is this a receipt for that prescription you  
19 filled?

20 A. It is.

21 Q. All right.

22 MS. PAYERLE: Move to admit.

23 THE COURT: That will be Number 71.

24 (Exhibit 71 marked and received.)

25 MS. PAYERLE: Let's go ahead and pull up 71.

**EXAMINATION OF KRISTINA ST. LAURENT**

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1 BY MS. PAYERLE:

2 Q. Is that the front page of the receipt?

3 A. It is.

4 Q. How much did that prescription cost you?

5 A. \$135.

6 MS. PAYERLE: Let's go to the next page. Could  
7 we just blow up the top up here?

8 BY MS. PAYERLE:

9 Q. What was the prescription for?

10 A. Oxycodone, 10-milligram.

11 Q. And who was the prescriber over here?

12 A. Jeff Young.

13 Q. Did there come a time when he -- when a staff member  
14 sort of signed you in as a patient or signed you up as a  
15 patient in his clinic under a certain category?

16 A. I believe that was the first visit. There was some  
17 question as to how I would be classified as a patient there  
18 being seen with the other undercover agent, and I was  
19 classified as a weight-loss patient.

20 Q. Have you ever had any issues with your weight?

21 A. No, ma'am.

22 Q. Have you ever been told you need to lose weight?

23 A. No, ma'am.

24 Q. Did Jeff Young ever treat you for weight loss?

25 A. No, ma'am.

**EXAMINATION OF KRISTINA ST. LAURENT**

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1 Q. At either of the two visits, did Mr. Young ever try to  
2 get to the root of whatever was causing the pain that you  
3 told him you had?

4 A. Aside from ordering the MRI, no, ma'am.

5 Q. And then once the MRI came back normal, did he ever  
6 discuss that?

7 A. No.

8 Q. Can you give the jury an overall impression, your  
9 impression of your time with Mr. Young in those two visits?

10 A. Both of the times that I was there, it was extremely  
11 informal. A lot of the conversation centered around  
12 marijuana legalization and his activities outside of the  
13 office -- excuse me -- personal activities. Just not typical  
14 for a doctor's office that I have ever been to before in that  
15 sense.

16 Q. Did he invite you to a party?

17 A. He did.

18 Q. Did he ever tell you, during either of the visits,  
19 that if you take these drugs, you probably shouldn't drink  
20 alcohol at his party?

21 A. No.

22 Q. Did he or anybody at his staff, during either of your  
23 visits, ever ask you about your history of addiction?

24 A. Not that I recall, no.

25 Q. And I don't mean to imply. You don't have a history

**EXAMINATION OF KRISTINA ST. LAURENT**

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1 of addiction; is that true?

2 A. That's correct. I do not.

3 Q. But nobody ever asked if you did?

4 A. Not that I can recall, no.

5 Q. Okay.

6 MR. PAYERLE: Just one moment, please.

7 (Brief pause.)

8 MS. PAYERLE: It appears our videos have gremlins  
9 in them here, so we are going to try one more time to see if  
10 we've got the right video.

11 THE COURT: Okay.

12 MS. PAYERLE: I apologize.

13 Okay. Your Honor, we're just not able to figure  
14 it out. So with that, I believe we'll pass the witness.

15 Thank you very much.

16 THE WITNESS: Thank you.

17 THE COURT: All right. Thank you.

18 Okay. And defense, that will be Mr. Damas?

19 MR. DAMAS: Yes, Your Honor.

20 THE COURT: You may proceed.

21 MS. PAYERLE: Oh, you've got to wait for cross.

22 THE WITNESS: Oh, I'm sorry. I apologize, Your  
23 Honor.

24 MS. PAYERLE: It's the end of the day gremlins.  
25

**EXAMINATION OF KRISTINA ST. LAURENT**

80

1 CROSS-EXAMINATION

2 BY MR. DAMAS:

3 Q. Good afternoon. I promise I will be quick.

4 A. Good afternoon. I apologize for that.

5 Q. It will not take very long.

6 All right. So you saw Mr. Young on three occasions;  
7 is that correct?

8 A. Two.

9 Q. Two?

10 A. Yes, sir.

11 Q. Are you sure about that? I thought you saw him the  
12 first time would have been in October. Then you had a second  
13 visit in November and then possibly a third in December.  
14 Does that sound --

15 A. I don't recall. I think -- we were supposed to  
16 schedule every month, but I'm fairly certain I only went  
17 twice.

18 Q. Okay. That's fine. But the first time was when you  
19 went with the other undercover agent, Ms. Katie Crowder?

20 A. Yes, that's correct.

21 Q. And do you remember on that occasion filling out an  
22 intake form?

23 A. I seem to recall filling out some paperwork, but I  
24 don't remember what it was.

25 Q. And do you recall filling out on that paperwork that



**EXAMINATION OF KRISTINA ST. LAURENT**

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1 you were having pain from a fall that you suffered years ago,  
2 was the reason you were coming to see him?

3 A. I don't remember what was on that paperwork. I'm so  
4 sorry.

5 Q. If I was to show it to you, would it refresh your  
6 recollection?

7 A. Yes, absolutely.

8 Q. Give me one second then. Sorry about that.

9 MR. DAMAS: If I may approach, Your Honor?

10 THE COURT: Go ahead.

11 BY MR. DAMAS:

12 Q. On that one, that's when you're listing your list of  
13 symptoms. Do you remember filling out anxiety and muscle  
14 pain?

15 THE REPORTER: I'm sorry? Anxiety and?

16 MR. DAMAS: Muscle pain.

17 THE WITNESS: The form does look vaguely  
18 familiar, but to say 100 percent that I made those check  
19 marks --

20 BY MR. DAMAS:

21 Q. Let me get you the first page of that document --

22 A. Yes, please.

23 Q. Here is the first page of that.

24 A. Thank you.

25 Q. Is that your handwriting?

**EXAMINATION OF KRISTINA ST. LAURENT**

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1 A. Yes, sir, it is.

2 Q. And the first page, page 1 of 2?

3 A. There are two pages here, yes.

4 Q. Okay. And do you remember filling out an intake form,  
5 and if you would have checked that, that's what you would  
6 have said at that time?

7 A. Yes.

8 Q. Okay. During your conversation with Mr. Young, do you  
9 recall telling him that the reason you were having muscle  
10 pain is because you fell years ago?

11 A. Yes.

12 Q. And that your pain was, on a scale from one to ten, it  
13 was an eight out of ten?

14 A. I don't recall using the number scale, but I do  
15 remember telling him it was from a fall.

16 Q. Okay. And you told him you had never had X-rays  
17 prior? One of the reasons he asked you to get X-rays is  
18 because you had never had X-rays done before?

19 A. I don't remember if I ever told him I didn't have  
20 X-rays before.

21 Q. Okay. Are you familiar with what a PMP is?

22 A. Yes.

23 Q. Okay. Obviously, Kristina Norton is not a real  
24 person, correct?

25 A. Correct.

**EXAMINATION OF KRISTINA ST. LAURENT**

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1 Q. Do you have an explanation as to why a PMP for  
2 Kristina Norton would have come back with a history of  
3 prescriptions?

4 A. Yes. That was a prior used undercover identity.

5 Q. Okay. And so on the prior use undercover identity,  
6 you had collected opioids and narcotics and went and filled  
7 them out?

8 A. That's correct.

9 Q. Okay. So part of the reason when you're in this  
10 initial consultation with Mr. Young, he tells you: Oh, I've  
11 seen that you've been on oxycodone before. I'm just going to  
12 start you back up.

13 A. I remember him asking me what I had used to treat the  
14 pain in the past before, and then I told him oxycodone and  
15 some other drugs.

16 Q. And while he's talking to you, he's looking at a file;  
17 is that correct?

18 A. I can't recall if he was looking at a file or not.  
19 I'm sorry.

20 Q. But the PMP would show that you've used this before  
21 and you -- you used this identity before to get prescriptions  
22 from another provider?

23 A. It would show that that information tied to that  
24 identity has received prescriptions for that, yes.

25 Q. Okay. And you verified to Mr. Young that you had used

**EXAMINATION OF KRISTINA ST. LAURENT**

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1 these prescriptions before to treat your back pain?

2 A. Yes.

3 Q. Okay. Do you remember after -- at the end of the  
4 consultation, you entering into an opioid pain management  
5 agreement with Mr. Young?

6 A. I don't recall that, no. I'm sorry.

7 MR. DAMAS: If I may approach?

8 THE WITNESS: Yes, please.

9 Yes, that's my handwriting and my initials.

10 BY MR. DAMAS:

11 Q. And that is a contract for how to use the opioids --

12 A. It is.

13 Q. -- that he's prescribing you?

14 A. It is.

15 Q. All right.

16 MR. DAMAS: Your Honor, if I may move both of  
17 these as a collective exhibit. It should be number --

18 THE COURT: 72 is next, but what do you have  
19 there?

20 MR. DAMAS: I have the original intake form that  
21 she filled out and the opiate contract that she agreed to.

22 THE COURT: Are those all together?

23 MR. DAMAS: Yes. I can do it as one collective.  
24 I can do it separate, whichever is easier.

25 THE COURT: However you want to do it. We'll

**EXAMINATION OF KRISTINA ST. LAURENT**

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1 make it a collective Exhibit No. 72.

2 (Exhibit 72 marked and received.)

3 BY MR. DAMAS:

4 Q. During the visits that you had with Mr. Young, I know  
5 you testified that there was discussions about a party. Did  
6 he ever formally invite you to that party?

7 A. I recall him welcoming us to come and advising us to  
8 just blend in with the crowd.

9 Q. Did he give you a specific date that it was going to  
10 happen?

11 A. Halloween.

12 Q. Can Halloween parties happen on dates that are not  
13 Halloween?

14 A. They can.

15 Q. Okay. Did he give you a specific address to go to?

16 A. He didn't.

17 Q. Okay. So it was more just making conversation?

18 A. It could have been.

19 Q. Okay. At any time in any of your visits, did  
20 Mr. Young ever proposition you to have sexual relations with  
21 him?

22 A. No, he didn't.

23 Q. Did he ever attempt to have sexual relations with you?

24 A. No, he didn't.

25 Q. In any capacity?

**EXAMINATION OF KRISTINA ST. LAURENT**

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1       A.     No, he didn't.

2               MR. DAMAS:   No further questions, Your Honor.

3     Thank you.

4               THE COURT:   Thank you.

5               Any redirect?

6               MS. PAYERLE:   Yes, Your Honor.   If the Court  
7     would permit -- perhaps, the defense would prefer this.   I  
8     believe I was wrong about being wrong and that the video that  
9     we admitted actually was the correct video.   So if it's okay  
10    we can play that in redirect.

11              THE COURT:   All right.   You omitted before, and  
12    you have it together now?   Actually, you had it together --

13              MS. PAYERLE:   I had it.   It turns out I was wrong  
14    about being wrong.

15              THE COURT:   We will go ahead and admit it.   I  
16    believe it is Number 73 now.

17                   (Exhibit 73 marked and received.)

18              MS. PAYERLE:   Thank you very much.   So let's go  
19    ahead and play 73, if we could, please.

20                   (The video was played.)

21                   REDIRECT EXAMINATION

22    BY MS. PAYERLE:

23       Q.     All right.   Ms. St. Laurent, did Mr. Young give you  
24    the impression that he was, like, overwhelmed, without any  
25    time to talk to you?

**EXAMINATION OF KRISTINA ST. LAURENT**

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1 A. No, ma'am.

2 Q. Did he have time to talk about politics?

3 A. We did discuss politics, yes, ma'am.

4 Q. And marijuana?

5 A. Yes, ma'am.

6 Q. How about his Facebook spoofs, did he have time to  
7 discuss that?

8 A. They were mentioned, yes.

9 Q. And how about, sort of, his contacts on the inside,  
10 did he talk to you about a lot of those?

11 A. He did.

12 Q. And the background scene that he was involved in?

13 A. He did.

14 Q. During this entire video, when he had time to talk  
15 about those things, did he ask you anything beyond one  
16 question about your pain?

17 A. No, ma'am.

18 Q. Did he ask whether it had improved or gotten worse?

19 A. No.

20 Q. The quality of it?

21 A. No.

22 MS. PAYERLE: Okay. Nothing further, Your Honor.  
23 Thank you for the --

24 THE COURT: Mr. Damas, anything?

25 MR. DAMAS: No, Your Honor.

1 THE COURT: Okay. Ms. St. Laurent, now you can  
2 step down.

3 THE WITNESS: Thank you, Your Honor.

4 THE COURT: Government, if you would, please,  
5 call your next witness.

6 MR. PENNEBAKER: Your Honor, the United States  
7 calls Special Agent Demarcus Scales.

8 THE COURT: Okay. Step forward, if you would,  
9 please, and raise your right hand and receive the oath.

10 (The witness was sworn.)

11 THE COURT: Be seated here.

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**EXAMINATION OF DEMARCUS SCALES**

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1 DEMARCUS SCALES,

2 called as a witness on behalf of the Government, having been  
3 first duly sworn, testified as follows:

4 DIRECT EXAMINATION

5 BY MR. PENNEBAKER:

6 Q. Good afternoon, Special Agent Scales. Would you state  
7 and spell your name for the record, please.

8 A. Demarcus Scales. Scales, S-C-A-L-E-S.

9 Q. Okay. Special Agent Scales, where do you work?

10 A. The Tennessee Bureau of Investigation.

11 Q. What do you do for them?

12 A. I'm a criminal investigator special agent.

13 Q. Okay. What does a criminal investigator special agent  
14 do?

15 A. I'm assigned to the Medicaid fraud control division  
16 investigating provider fraud as well as abuse, neglect and  
17 financial exploitation of the elderly as well as individuals  
18 with developmental disabilities with the nexus -- a TennCare  
19 nexus.

20 Q. Have you worked on a case involving the defendant,  
21 Jeffrey Young?

22 A. Yes.

23 Q. Have you looked at the CSMD data for the prescriptions  
24 that the defendant wrote?

25 A. Yes.

**EXAMINATION OF DEMARCUS SCALES**

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1 Q. Have you reviewed evidence from search warrants  
2 executed on the defendant's Facebook account?

3 A. Yes.

4 Q. How about his iPad?

5 A. Yes.

6 Q. How about his phone?

7 A. Yes.

8 Q. Have you reviewed search warrant evidence from his  
9 house?

10 A. Yes.

11 Q. And from his office PREVENTAGENIX?

12 A. Yes.

13 Q. Have you reviewed the Government's exhibits in the  
14 800s as we've designated them?

15 A. Yes.

16 Q. And none of those have been admitted into evidence,  
17 although you heard earlier that there were three pages of  
18 Hope Rogers' summary exhibit that were admitted previously.  
19 Do you remember that?

20 A. Yes.

21 Q. Okay. Let me hand you what's been previously marked  
22 for identification as Government's 803. And do you recognize  
23 that to be a compilation summary exhibit involving Adrienne  
24 McKenzie?

25 A. Yes.

**EXAMINATION OF DEMARCUS SCALES**

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1 MR. PENNEBAKER: Your Honor, the Government moves  
2 to admit what will be Exhibit 74.

3 THE COURT: It will be Number 74.

4 MR. PENNEBAKER: Thank you, Your Honor.

5 (Exhibit 74 marked and received.)

6 MR. PENNEBAKER: And, Ms. Silverberg, if you  
7 would publish, please -- go to page 3.

8 Thank you. Okay. So we're going to go to page 3  
9 of Exhibit 74. Let's see how it goes.

10 BY MR. PENNEBAKER:

11 Q. All right. Okay. Special Agent Scales, can you tell  
12 the jury how this exhibit works?

13 A. So what this is, it's a combination of the text  
14 messages and Facebook. For example, this one is Adrienne  
15 McKenzie and Mr. Young. So this is going to be their text  
16 message thread as well as it could potentially have Facebook  
17 along with it and -- what you've heard of as the CSMD or PMP  
18 data. And what we've done is we've put it in order where you  
19 can -- we would cross reference it initially. But now it's  
20 in a somewhat chronological order where you can just read  
21 along with it.

22 Q. Okay. So the source of each entry in this  
23 spreadsheet, is that what's over there on the right-hand  
24 column, the far right column that says SMS and PMP on there?

25 A. Yes.

**EXAMINATION OF DEMARCUS SCALES**

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1 Q. So just while we're getting oriented to these  
2 exhibits, because we're going to look at a few of these,  
3 right?

4 A. Yes.

5 Q. While we're getting oriented, can you tell the jury  
6 what an SMS is?

7 A. That would be a text messages.

8 Q. And how about an MMS?

9 A. That would be a video, picture, a jif or gif or  
10 however you pronounce it.

11 Q. How about what -- what's the entry for Facebook?

12 A. FB.

13 Q. And how about that PMP, is that also CSMD?

14 A. Yes, sir.

15 Q. So I think the last thing that we need to decrypt here  
16 is the shading of these cells. Can you tell the jury what  
17 the difference between the gray and the white is?

18 A. So the white is going to be the messages, whether it's  
19 Facebook text messages or a picture or a video. The gray is  
20 going to be the PMP or CSMD data.

21 Q. Okay. Special Agent Scales, I am going to -- well, do  
22 you recall hearing that clip that was kind of garbled and  
23 that we stipulated was the defendant answering a question  
24 that Ms. Pickering -- or that -- excuse me -- Investigator  
25 Blair asked about whether or not the defendant had had a

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1 sexual relationship with a woman named Courtney Howell  
2 Taylor?

3 A. Yes.

4 Q. And do you remember his response: No.

5 And then she asked: Never?

6 And he says: Never.

7 A. Yes.

8 Q. And that's Government 613A, right?

9 A. Yes.

10 MR. PENNEBAKER: Which was then marked as --

11 MS. SILVERBERG: -- 67.

12 MR. PENNEBAKER: -- Exhibit 67.

13 BY MR. PENNEBAKER:

14 Q. All of that seem square so far?

15 A. Yes.

16 Q. Okay. Give me a chance. I'll fail you.

17 All right. Let's go -- actually, let me hand you  
18 first what has been marked for identification as Government's  
19 806. Is this a summary exhibit like the one that we just  
20 looked at but for an individual named Courtney Howell Taylor?

21 A. Yes.

22 MR. PENNEBAKER: Okay. The Government moves to  
23 admit exhibit -- well, what's previously been marked as 806  
24 as Exhibit 75.

25 THE COURT: I don't know about all those

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1 identification numbers. We'll introduce it. It will be  
2 Exhibit 75.

3 (Exhibit 75 marked and received.)

4 MR. PENNEBAKER: Thank you, Your Honor. I'm glad  
5 I don't have to jumble that any further.

6 And if we could call up, please, Ms. Silverberg,  
7 page 1.

8 BY MR. PENNEBAKER:

9 Q. All right. So at the top you see that it says this is  
10 our CSMD, SMS, MMS, Facebook summary, right?

11 A. Yes.

12 Q. And what's the date in that first message?

13 A. 7/25/2015.

14 Q. All right. We have a -- it looks like we have three  
15 prescriptions on this slide, correct?

16 A. Yes.

17 Q. And those come after a photograph of an individual,  
18 right?

19 A. Yes.

20 Q. So what are those three prescriptions for?

21 A. Alprazolam, tramadol and diazepam.

22 Q. Two benzodiazepines and an opioid?

23 A. Yes.

24 MR. PENNEBAKER: All right. Ms. Silverberg, if  
25 we could go to page 2, please, and let's zoom in on the first

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1 six lines or so.

2 BY MR. PENNEBAKER:

3 Q. So this is -- these are Facebook messages it says on  
4 the right-hand column, correct?

5 A. Yes.

6 Q. So as we're going through these, if it's all right  
7 with you, I'll read the part of the defendant, and you can  
8 read the part of the other participant in the conversation.  
9 Is that all right?

10 A. Yes, sir.

11 Q. You don't have much of a choice.

12 Okay. So on June 8, 2016, does the defendant say: We  
13 could have a great time if you're discreet?

14 A. Yes.

15 Q. And then what does Ms. Taylor say?

16 A. Well, duh, I am married to a wonderful man. Just  
17 curious and bad. LOL.

18 Q. Well, I'm down if you want to explore more. My office  
19 is hot too. Need to just take my pants off.

20 Do you see all that?

21 A. Yes.

22 MR. PENNEBAKER: Could we, please,  
23 Ms. Silverberg, go to page 5? And if you could zoom in.  
24 There you go. Perfect.

25 BY MR. PENNEBAKER:

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1 Q. And these are now text messages on a phone, correct?

2 A. Yes.

3 Q. So if you want to start by reading Ms. Howell's part.

4 A. So did you like today? Did I get better from  
5 yesterday?

6 Q. Baby, it was phenomenal. I love fucking you.

7 A. Good, because I do not want to stop any time soon.

8 Q. Don't ever -- oh, yeah, that's her.

9 A. Don't ever be shy to tell me if I need to work on  
10 anything.

11 Q. Okay. What is the investigative value in this  
12 exchange, Special Agent Scales?

13 A. These conversations contradict what was said in the  
14 video with Mr. Young and the investigator.

15 Q. Mr. Young lied to the investigator about sex with  
16 Ms. Howell?

17 A. Yes.

18 Q. Was Jeff Young prescribing to Courtney Howell at the  
19 time?

20 A. Yes.

21 MR. PENNEBAKER: If we can go to that first  
22 prescription. I believe it's page 12. Perfect. Okay.

23 BY MR. PENNEBAKER:

24 Q. So do you see two prescriptions on this page?

25 A. Yes.



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1 Q. And what are those prescriptions for?

2 A. Diazepam and hydrocodone.

3 Q. Okay. So one is a benzodiazepine, and one is an  
4 opioid, correct?

5 A. Correct.

6 MR. PENNEBAKER: If we could go to page 7,  
7 please. If we could zoom in on the bottom third. Perfect.

8 BY MR. PENNEBAKER:

9 Q. If you could start reading, Special Agent Scales, at:  
10 Don't tease me.

11 A. Don't tease me and not deliver. If I ever want to  
12 stop by your office, what is your drink of choice, and, no,  
13 it will not be happening tomorrow. I am too booked up.  
14 Coffee, what kind? Slush, teas, etc?

15 Q. Vodka.

16 A. So if I come by one day next week, bring Vodka.  
17 What's your preference of Vodka? I'm a whiskey, beer type.

18 Q. If? When you come by, damn right.

19 What is the investigative significance of that?

20 A. He's having -- he's mentioned that now he likes to  
21 have alcohol in his office --

22 Q. Okay.

23 A. -- drinking while he's at his office.

24 MR. PENNEBAKER: Okay. If we could go, please,  
25 to page 9, and if you would zoom in on the bottom third,

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1 please.

2 BY MR. PENNEBAKER:

3 Q. And if you would start with the top message, Special  
4 Agent Scales.

5 A. Yes, you going to let me have it today.

6 Q. And then you can skip the next two lines.

7 A. Just wanted you to know you killed my back. Working  
8 on my last clients about an hour to an hour and half left.  
9 Want to see me or no?

10 Q. Sorry, in a meeting. I want to see you so bad.

11 MR. PENNEBAKER: And if we could go to the next  
12 page, please. Zoom in at the top.

13 BY MR. PENNEBAKER:

14 Q. I love it when you can feel the next day that you've  
15 been with me, back pain and pussy tender.

16 A. So I have about 45 minutes left. Want to have a  
17 meeting? Done. Have a sitter until 7:30.

18 Q. I have my son. I'd love to, but I can't.

19 A. But on a real note, why is my back so jacked? I have  
20 taken all kinds of stuff. It will not ease. Ugh.

21 MR. PENNEBAKER: And, then, Ms. Silverberg, if we  
22 could just grab the next two or three lines.

23 BY MR. PENNEBAKER:

24 Q. And do you see where the defendant says: Your back is  
25 jacked because I fucked the shit out of you?

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1 A. Yes.

2 Q. Okay. And if we could go, please, to -- does he  
3 prescribe controlled substances to Ms. Howell after this  
4 conversation?

5 A. Yes.

6 MR. PENNEBAKER: If we could go ahead,  
7 Ms. Silverberg, and go to page 50, and if we could, once you  
8 get there, blow up the middle third of the page, please.

9 BY MR. PENNEBAKER:

10 Q. Okay. So I'll start: We need to step back and access  
11 our relationship -- which do you understand that to be assess  
12 our relationship?

13 A. Yes, sir.

14 Q. -- you act like you're my wife or something.

15 A. We need to talk ASAP, if that's okay. I know I'm  
16 crazy medically from what you say. Did you tell Jonathan  
17 anything because I'm being asked to pack up my shit and -- I  
18 believe that's supposed to be leave, not when you leave.

19 Q. What -- who is Jonathan?

20 A. Her husband.

21 Q. And how do you know that?

22 A. From the other text messages.

23 Q. Is Jonathan also a patient of the defendant's?

24 A. Yes, he is.

25 Q. What is he being treated for?

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1 A. He -- I believe he had cancer.

2 Q. So then the defendant says: No. I guess I didn't  
3 tell -- tell Jonathan anything.

4 And then Ms. Howell says --

5 A. -- liar.

6 Q. He texted me last night after getting your phone. He  
7 doesn't know who I am.

8 A. Then why did he say that I'm obsessed with you and  
9 psychiatric help? I'm sure I'm not the only patient you have  
10 fucked, huh?

11 MR. PENNEBAKER: And then, Ms. Silverberg, if you  
12 could pull up the rest of that page.

13 BY MR. PENNEBAKER:

14 Q. So go ahead, Special Agent Scales.

15 A. Everything good luck, Bro. Your world is about to get  
16 fucked by me. Telling me to leave you alone. Oh, I will,  
17 but, legally, I bet this would not look good for your career,  
18 FYI. I saved everything, especially your compliments.

19 Q. You need help.

20 Right?

21 A. Yes.

22 Q. This will be my last text ever. Don't ever threaten  
23 me or my business. All I did was try to help you.

24 Is that right?

25 A. Yes.

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1 Q. And, Special Agent Scales, I have a Redwell here of  
2 demonstratives that I'm going to leave with you.

3 MR. PENNEBAKER: And, Your Honor, we're not going  
4 to offer these into evidence because they're just summing up  
5 the pills prescribed in another exhibit. I've discussed this  
6 with Mr. Ferguson. I don't think he has any objections.  
7 We're just going to use them as demonstratives.

8 THE COURT: All right. Go ahead.

9 MR. PENNEBAKER: Could we please publish the  
10 summary of Ms. Taylor.

11 BY MR. PENNEBAKER:

12 Q. Special Agent Scales, I don't think we need to publish  
13 this one necessarily, but do you have it in front of you, the  
14 summary about Ms. Howell?

15 A. Yes.

16 Q. And how many total controlled substance pills was she  
17 prescribed in the, roughly, three-month period that she was  
18 seeing the defendant?

19 A. Six hundred and ninety.

20 Q. Six hundred and ninety pills?

21 A. Yes.

22 Q. What types of drugs was she receiving?

23 A. Diazepam, hydrocodone, tramadol.

24 Q. Okay.

25 MR. PENNEBAKER: And if we could go, please --

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1 actually, let me hand you -- oh, if we could go to  
2 Exhibit 74. Go back there. And we'll just go to the first  
3 page, and if you could zoom in on the top, please.

4 BY MR. PENNEBAKER:

5 Q. What's the date of that first exchange up there at the  
6 top or that first message up there at the top, Special Agent  
7 Scales?

8 A. 12/7/2016.

9 Q. So December 7, 2016.

10 Would you mind reading the first two entries, please?

11 A. I can pay you on the 15th when I come see you for my  
12 appointment, but tomorrow is a challenge. Thank you for  
13 working with me.

14 Just wanted you to know that I wasn't a woof, woof.  
15 You are agreeing to meet me at nine.

16 Q. And would you read the next entry?

17 A. Here is who to expect. I won't be a scary-looking  
18 person in the morning.

19 Q. And then Jeff Young says: I expect less clothes.  
20 Right?

21 A. Yes.

22 Q. Is this an exchange that suggests to you that these  
23 are people that would be meeting in person for the first  
24 time?

25 A. Yes.

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1 Q. And do you recall the portion of the interview between  
2 Investigator Pickering and the defendant, that May, 2016,  
3 interview, where the defendant says: I stopped taking pain  
4 patients three months ago?

5 A. Yes.

6 Q. So that's about the -- the three months ago is about  
7 nine months before this first entry, right?

8 A. Correct.

9 Q. Does Adrienne McKenzie end up receiving prescription  
10 for controlled drugs from the defendant?

11 A. Yes.

12 MR. PENNEBAKER: Let's go, please, to page 2,  
13 Ms. Silverberg, and let's go zoom in right there, please.

14 BY MR. PENNEBAKER:

15 Q. So do you see there where Ms. McKenzie writes: Jeff,  
16 I need a favor?

17 A. Yes.

18 MR. PENNEBAKER: And then if you would zoom out,  
19 please.

20 BY MR. PENNEBAKER:

21 Q. Are those three prescriptions -- there's not a date on  
22 here. But are those three prescriptions that are issued that  
23 same day based on your review of the CSMD?

24 A. I believe so.

25 Q. And, yeah, if you want to check one of those

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1 summaries.

2 A. Yes.

3 Q. Okay. So after she says, I need a favor, she receives  
4 a prescription. What are those three drugs?

5 A. It's alprazolam, dextro and hydrocodone.

6 Q. So a benzodiazepine for anxiety, a stimulant for  
7 attention disorders and an opioid?

8 A. Yes.

9 Q. Now, going down to the middle: I recently severely  
10 sprained my ankle and broke two toes. Not even my primary  
11 will prescribe me an opiate.

12 Do you see that?

13 A. Yes.

14 Q. And then she says: I have been calling your office  
15 for days trying to get a return phone call. I understand  
16 you're a busy man. No worries. But I am unfortunately on  
17 probation. I bought five hydros from a girl to relieve --  
18 and it cuts off. What is the investigative significance of  
19 that?

20 A. It's a red flag to me. One, because she's on  
21 probation. She's informed him as a physician that she's  
22 bought five hydros, essentially, off the street and that her  
23 primary care won't write her opiates.

24 Q. Okay.

25 MR. PENNEBAKER: If we could go to page 3, the



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1 first sentence. Okay. So if we could blow up that first  
2 sentence there. Perfect. Thank you, Ms. Silverberg.

3 BY MR. PENNEBAKER:

4 Q. All right. And so she says: Sorry to send message  
5 during bidnass [sic] hours. Get back to me whenever. No  
6 rush. By the way, I owe you one. My PO meeting went  
7 beautifully.

8 Do you see that?

9 A. Yes.

10 Q. Smiley face, is that what's after that?

11 A. Yes.

12 MR. PENNEBAKER: Then if we can go to page 5,  
13 please. It might be page 4, Ms. Silverberg. Sorry.

14 BY MR. FERGUSON:

15 Q. Do you see where it says: Sorry I caught you on a bad  
16 day yesterday?

17 A. Yes.

18 Q. If you could go ahead and read from there.

19 A. Hopefully, today I can make my payment and get what I  
20 need to show documentation, slash, scripts before my  
21 appointment with the PO. She is a stickler.

22 Q. What do you -- what is documentation, slash, scripts?

23 A. Her prescription or information pertaining to her  
24 prescription for her probation office.

25 Q. What is your -- what is the investigative significance

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1 of these discussions?

2 A. She's asked for a favor, which was to get scripts for  
3 her PO meetings. And she's already stated that her PO  
4 meeting went successfully or great or however she worded it,  
5 meaning, that he did give her those scripts that -- for her  
6 to get by.

7 Q. And is that -- did she admit to taking hydrocodone  
8 when she couldn't get a prescription for it somewhere else?

9 A. Correct.

10 Q. So what is the --

11 MR. PENNEBAKER: Let's go to page 7, please, and  
12 will you please, Ms. Silverberg, go to LOL, LOL, LOL.

13 MS. SILVERBERG: Just that one?

14 MR. PENNEBAKER: Just that one. Actually, that  
15 one and the next one, please. Thank you.

16 BY MR. PENNEBAKER:

17 Q. All right. If you would please read her entry.

18 A. LOL, LOL, LOL, I bet she puts the moves on you first,  
19 LOL. I do owe you one for sure for helping keep me out of  
20 jail. I spaced the other day and meant to get you to reup my  
21 hydros. You keep being a good doctor to me, and I bet we  
22 could play doctor one day. It's got to be on an off season  
23 with the guy so it's totally legal in my brain. That happens  
24 from time to time. I'll make sure to let you know when that  
25 slot opens up. You better know how to keep a secret. Paul

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1 could never know because G and him are friends.

2 Q. And then does the defendant say: I keep shit on the  
3 DL?

4 A. Yes.

5 Q. This is a couple of days before the search warrants  
6 are executed at PREVENTAGENIX and the other places we talked  
7 about earlier, correct?

8 A. Correct.

9 Q. And do you recall how many pills of controlled  
10 substances -- bless you -- the defendant prescribed to  
11 Adrienne McKenzie in the month or so that she saw him?

12 A. I believe 263.

13 Q. Okay. All right. I'm going to hand you what's been  
14 marked for identification as Government's 807. Is this a  
15 summary exhibit that involves three individuals, Jonathan  
16 Morris, Cyndal Story and Steven Williams?

17 A. Yes.

18 Q. Thank you.

19 MR. PENNEBAKER: Your Honor, we would offer this  
20 as Exhibit 76.

21 THE COURT: Okay. Received. It will be No. 76.

22 (Exhibit 76 marked and received.)

23 MR. PENNEBAKER: Thank you, Judge.

24 And if we could publish page 3, please. If you  
25 could zoom in on the top half, please. That's good.

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1 BY MR. PENNEBAKER:

2 Q. All right. Jonathan Morris says: Okay, I've got you  
3 a date Saturday night, my wife, myself, you and Cyndal. She  
4 knows a little about you and all the good shit I told her. I  
5 told her we would keep it on the DL since Lexington is such a  
6 small town. This is her.

7 And then the defendant says: Cute.

8 Do you see all that?

9 A. Yes.

10 Q. And then Mr. Morris says: Yeah, she's cool. 28, I  
11 think.

12 And then down below the defendant asks: What's her  
13 last name?

14 And Mr. Morris states: Story.

15 Looks likes there's another picture sent, and then the  
16 defendant says: Sold.

17 Do you see that?

18 A. Yes.

19 Q. All right.

20 MR. PENNEBAKER: Can we, Ms. Silverberg, go ahead  
21 and go to page 6, please? Thank you. That's perfect.

22 BY MR. PENNEBAKER:

23 Q. All right. And if you want to read for Mr. Morris.

24 A. I'm so fucking pissed right now. We have been sitting  
25 here ready for two hours waiting on her, and she wasn't

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1     answering. She finally text Kristina back with some lame  
2     excuse about her sister's house was broken into. I know she  
3     is just going back to that douche bag. Fuck it. Bullet  
4     dodged. I guess now we need to try and set you up with her  
5     sister. She's prettier anyway.

6     Q.     Okay.

7                 MR. PENNEBAKER: And, Ms. Silverberg, will you  
8     please zoom out of there, and go down to the bottom half.

9     BY MR. PENNEBAKER:

10    Q.    And go ahead and pick up for Mr. Morris, please,  
11    Special Agent Scales.

12    A.    Honestly, bullet dodged. I had a feeling she was  
13    going to go back to her ex. Battered-spouse syndrome like a  
14    motherfucker.

15    Q.    And you can stop there.

16                 MR. PENNEBAKER: Can we then go ahead and go  
17    to --

18    BY MR. PENNEBAKER:

19    Q.    Special Agent Scales, does that stop the defendant  
20    from eventually interacting with Ms. Story?

21    A.    No.

22    Q.    Okay.

23                 MR. PENNEBAKER: Could we go to page 7, please?  
24    So if we could zoom into, I just got here. That's perfect.  
25    Just the whole bottom. Yeah, that's perfect.

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1 BY MR. PENNEBAKER:

2 Q. So now we've got someone named Cyndal. Is that Cyndal  
3 Story?

4 A. Yes.

5 Q. Is that someone that the defendant prescribes  
6 controlled drugs to?

7 A. Yes.

8 Q. Would you go ahead and read that top line?

9 A. I just got here. Dang, you're busy. These girls up  
10 here are rude too.

11 Q. And then it looks like Mr. Morris is also texting with  
12 the defendant at the time: Sitting here with Cyndal. Sounds  
13 like that date is happening, huh?

14 And then the defendant says: Maybe. Sorry.  
15 Right?

16 A. Yes.

17 Q. Okay.

18 MR. PENNEBAKER: So if we could zoom out of  
19 there, please, and then go to the next page. And it is going  
20 to be page 8. Maybe it's page 9. Sorry. Okay. It must be  
21 page 8. Apologies. Great. If we could just -- yeah, zoom  
22 in on the top half. There you go. That's perfect.

23 BY MR. PENNEBAKER:

24 Q. All right. So Mr. Morris then says: We're sitting  
25 here talking to her. Says we can go on a double date.

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1           And then do you see right above that what looks to be  
2 the PMP entry --

3       A.    Yes.

4       Q.    -- that the defendant says to Cyndal: This could get  
5 interesting.

6           And then what's that a picture of?

7       A.    A demon emoji or an emoji with horns.

8       Q.    Okay. So after that, what do we see? Do we see a  
9 couple of prescriptions?

10      A.    Yes.

11      Q.    What are those for?

12      A.    Alprazolam and hydrocodone.

13      Q.    And alprazolam is a benzodiazepine. Hydrocodone is an  
14 opioid. Correct?

15      A.    Yes.

16      Q.    So this date for this hydrocodone and the  
17 benzodiazepine, this is in July of 2016, is it not?

18      A.    Correct.

19      Q.    So that's actually a month after the interview where  
20 the defendant told the Board that PREVENTAGENIX wasn't seeing  
21 any new pain patients, right?

22      A.    Correct.

23      Q.    What is hydrocodone used to treat? Hydrocodone, what  
24 is it used to treat?

25      A.    Pain.

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1 MR. PENNEBAKER: So a couple of lines down on the  
2 same page, if we could call out: Hey, doll. Maybe a little  
3 bit above that. I'm sorry, Ms. Silverberg. Perfect.

4 BY MR. PENNEBAKER:

5 Q. Okay. So up at the top, do you want to read for us,  
6 Cyndal?

7 A. Hey, I have a favor to ask. The pain med you gave me  
8 last time is just not helping at all. Kristina said her and  
9 Jonathan were coming up there today. Is there any way you  
10 could give me something else and then pick it up for me. I'm  
11 running the office by myself this week, and I can barely even  
12 take lunch break, and I'm hurting so bad. My mom gave me  
13 some 10-milligram Percocet over the weekend that she had left  
14 from a surgery, and it helped ten times better.

15 Q. What's the investigative significance of that?

16 A. She's taking her -- it's her mother's Percocet.

17 Q. It's not prescribed to her?

18 A. Correct.

19 Q. Is she asking for that medication here?

20 A. She is.

21 Q. Then she says: Hey, doll, below.

22 And then the defendant says: Per state regs, nothing  
23 else can be written within a 30-day period.

24 Do you see that?

25 A. Yes, I do.



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1 Q. Then he asks: What did I write you?

2 A. And he -- she responded: 5-milligram hydros.

3 Q. Is there an emoji outside?

4 A. Yes, a sad face.

5 Q. Okay. A sad face. And then what's the next entry?

6 A. Seriously, I can't take something in between taking  
7 those?

8 Q. How many did I write, and, also, you have to be seen  
9 in the office for a Schedule II narcotic! It's bullshit, but  
10 it's the law.

11 Do you see that?

12 A. Yes.

13 Q. What does Cyndal say?

14 A. Ninety. And, seriously, that's bullshit. I'm running  
15 the office by myself and can't even take lunch.

16 Q. And the defendant says: I know. It's redic.  
17 Right?

18 A. Yes.

19 MR. FERGUSON: Let's go to page 10, please, and  
20 if we could zoom in on the top. From the top to where the --  
21 well, right there. Thank you.

22 BY MR. PENNEBAKER:

23 Q. Okay. What does Ms. Story receive in the PMP entry?

24 A. Are we talking about --

25 Q. On this date, yeah, 7/19.

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1 A. Oxycodone.

2 Q. And that's oxycodone 10/325, are those also called  
3 Percocets?

4 A. Yes.

5 Q. Is that the same drug that she described having taken  
6 from her mom?

7 A. Correct.

8 Q. What was she prescribed by the defendant before that?

9 A. Hydros, hydrocodone.

10 Q. Is oxycodone stronger than hydrocodone?

11 A. Yes.

12 Q. So is she basically getting what she was asking for  
13 here?

14 A. Correct.

15 Q. And what happens above that? I'll start reading for  
16 the defendant where it says: And you can come as early as  
17 you want.

18 A. That sounds good. I'm a good listener and some would  
19 say I talk way too much. LOL. I enjoy good conversation.  
20 Smiley face. Ba, ha, ha, ha. Come -- snuck that one right  
21 in. LMAO. Dang, yeah, I know, opened the door again.

22 Q. And the defendant says: I just need you to open up  
23 and actually keep a date for once. That would be a decent  
24 start.

25 And then there's another emoji. What's that?

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1 A. It looks like a wink eye with a tongue sticking out.

2 Q. Well done.

3 MR. PENNEBAKER: So can we go to page 14, please?

4 All right. Can we zoom in with the -- well, can we go all  
5 the way up to the first gray.

6 MS. SILVERBERG: Right here?

7 MR. FERGUSON: Yes. Perfect.

8 BY MR. PENNEBAKER:

9 Q. All right. On 8/8/2016, what do we see?

10 A. He's written her a prescription for oxycodone again.

11 Q. So this time it's oxycodone HCL 20-milligrams. Is  
12 that stronger than Percocet?

13 A. Yes.

14 Q. Does it include the acetaminophen or Tylenol that  
15 Percocet does?

16 A. No.

17 Q. Are those often diverted, have high street value?

18 A. Yes.

19 Q. So the defendant says: Happy birthday.

20 And then Cyndal Story says: Thanks for the birthday  
21 wishes.

22 And then here comes an individual named Steven  
23 Williams, right?

24 A. Yes.

25 Q. And one of you go ahead, please, and read what he

**EXAMINATION OF DEMARCUS SCALES**

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1 says.

2 A. Jeff, you've always been cool as a fan, but my girl  
3 for eight years is -- that is an addictive person, Cyndal  
4 Story. You write her any more scripts, you going to kill  
5 her, man. She talked about suicide the other night because  
6 she was coming off. You giving her enough to kill a horse as  
7 many as she is eating, and there is nothing wrong with her.  
8 Thanks. And, again, do not contact her on Messenger, and do  
9 not write her any more stupid scripts.

10 Q. Okay. So that was on August 28th, and then on  
11 September 2nd, what happens?

12 A. He writes her alprazolam, oxycodone, Virtussin, and  
13 oxycodone again. I'm sorry -- that was --

14 Q. Looks like, maybe the 20th --

15 A. I'm sorry, that was, yeah --

16 Q. -- right?

17 A. -- the 20th. I'm sorry.

18 Q. So he does not stop prescribing after receiving that  
19 note from Mr. Williams?

20 A. No.

21 Q. Does he keep prescribing after that?

22 A. Yes.

23 MR. FERGUSON: If we could please go to page 50,  
24 and if we could blow up -- yeah. Perfect.

25 MS. SILVERBERG: Sorry.

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1 BY MR. PENNEBAKER:

2 Q. Okay. So on September 28th, does he prescribe another  
3 prescription for Xanax?

4 A. Yes.

5 Q. If you would read what Mr. Williams says on the 4th of  
6 October, 2016.

7 A. Jeff, I've asked you nicely a while back to wean  
8 Cyndal off or cut her off completely because she's running  
9 around here selling them like some kind of drug dealer and  
10 then runs out. Is trying to buy them all from everybody she  
11 can and is driving me crazy. I know you thought you liked  
12 her and all that kind of shit, but, man, give me a break.  
13 You're going to get in trouble. We can get in trouble -- we  
14 can get in trouble. She about to lose her kid because her  
15 baby daddy knows someone that she sells to, and he's turned  
16 it into the law. His -- and the text cuts off or the e-mail.

17 Q. And then it looks like Jeff Young accepts a friend  
18 request or some sort of a request, and then Jeff Young says:  
19 You are requesting a violation of HIPAA. One more text from  
20 you and you will find yourself in jail.

21 Is that right?

22 A. Correct.

23 MR. FERGUSON: And then if we could, please, go  
24 to page 16. Perfect.

25 BY MR. PENNEBAKER:

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1 Q. So does that stop the defendant from prescribing?

2 A. No, it doesn't.

3 Q. And so Cyndal says: Thanks, Rock Doc. And they have  
4 this exchange.

5 And then so in October and November, what happens?

6 A. He prescribes on the -- October 26 alprazolam.

7 There's three prescriptions for alprazolam, one for oxycodone  
8 on the 26th, and then in November 28th, another prescription  
9 for oxycodone.

10 Q. And is that three alprazolams prescribed on the 26th,  
11 is that consistent with a prescription for alprazolam that  
12 has two refills on it?

13 A. Can I state that -- can you repeat that?

14 Q. The way that that appears in the PMP with three  
15 different prescriptions for 90 alprazolam on the same day, is  
16 that because there's a -- two refills in addition to the  
17 first prescription?

18 A. Correct.

19 Q. Okay.

20 MR. PENNEBAKER: If we could back out of there,  
21 please. So then let's blow up the bottom half.

22 BY MR. PENNEBAKER:

23 Q. And so Cyndal says here -- now, after 11/28 is the  
24 last prescription for oxy that we saw, right?

25 A. Yes.

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1 Q. And so on 12/21, Cyndal sends Young a message -- Jeff  
2 Young a message: How have things been going? Y'all's news  
3 report had me cracking up.

4 And what does he respond?

5 A. He responds that she needs to suck his cock.

6 Q. Are you kidding, she says. And then she says: Why?  
7 I think you might fall in love. How about you take me out to  
8 dinner once, and let's see where it goes from there. Cat got  
9 your tongue.

10 And then what does he say?

11 A. No. Just calling bullshit. You wouldn't go.

12 Q. And then she says: I'm not. You say when and let's  
13 go. Things aren't the way they used to be. My situation has  
14 changed in the last few months.

15 MR. PENNEBAKER: If we could go to the next page,  
16 please, Ms. Silverberg, and then if we could zoom into the  
17 bottom half.

18 BY MR. PENNEBAKER:

19 Q. So then starting at Jeff Young saying: I've heard it  
20 all before, will believe it when I feel it.

21 What does she say?

22 A. Ha, ha. I told you things have changed, LOL. They  
23 did months ago. Then you were tied down, and I'm not that  
24 kind of girl.

25 Q. Then -- oh, Jeff says: Yeah, yeah, yeah.

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1 A. I'll prove it to you.

2 Q. Deal.

3 A. Good.

4 Q. And then what happens that day, literally?

5 A. She receives a prescription for oxycodone and  
6 tramadol.

7 Q. Okay.

8 MR. PENNEBAKER: And we can pull that down,  
9 Ms. Silverberg.

10 BY MR. PENNEBAKER:

11 Q. And do you have, on one of the summaries, the total  
12 number of pills that Mr. Young prescribed to Cyndal Story  
13 during that, approximately, six-month period? It's not in  
14 there? Okay. Does around 1500 sound right? Does that sound  
15 about right?

16 A. I would need to see the --

17 Q. Okay.

18 A. -- the data.

19 Q. All right. Now, Special Agent Scales, in addition to  
20 those three women, was the defendant prescribing to any other  
21 women that he was sleeping with?

22 A. Yes.

23 Q. Okay. Let's look at a few of those. Do you recall  
24 hearing testimony about Daphne Joyner, the girlfriend, slash,  
25 employee, slash, person receiving prescriptions?



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1 A. Yes.

2 Q. Did we find messages between her and the defendant  
3 relating to prescribing?

4 A. Yes.

5 Q. So I'm going to hand you Government's -- what's been  
6 marked as Government's 812. Do you recognize that as a  
7 summary like the one we've been talking about for Ms. Joyner?

8 A. Yes.

9 MR. PENNEBAKER: Your Honor, the Government would  
10 offer this as Exhibit 77.

11 THE COURT: Okay. We'll receive it.

12 (Exhibit 77 marked and received.)

13 MR. PENNEBAKER: Thank you, Your Honor.

14 THE COURT: You don't need to thank me. Just go  
15 ahead.

16 MR. PENNEBAKER: If we could, please, call up the  
17 first page.

18 BY MR. PENNEBAKER:

19 Q. What's the date of the top prescription up there,  
20 Special Agent Scales?

21 A. September 23, 2014.

22 Q. And it looks like the first prescription is a -- an  
23 amphetamine, and then the second prescription is hydrocodone  
24 acetaminophen, correct?

25 A. Correct.

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1 Q. What does Ms. Joyner say to the defendant on October  
2 the 10th, 2014?

3 A. Babe, can you write me something for pain meds? I  
4 just took my last one.

5 Q. And he says: Yes.

6 And what does she say?

7 A. Thank you.

8 MR. FERGUSON: Ms. Silverberg, if we could zoom  
9 into the middle of that exhibit, just kind of like the middle  
10 third. That's great.

11 BY MR. FERGUSON:

12 Q. So I want to point you, Special Agent Scales, to about  
13 four lines down there. You see Daphne Montoya?

14 A. Yes.

15 Q. Is Montoya one of the last names that are used by  
16 Daphne Montoya or Daphne Joyner?

17 A. Yes.

18 Q. And you see there on April 16, 2015, Ms. Montoya gets  
19 a prescription for what?

20 A. Oxycodone.

21 Q. And how many pills does she get over there at the  
22 right?

23 A. One hundred and twenty.

24 Q. So then on April -- or on May 8, 2015, Daphne Joyner  
25 gets what?

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1 A. Oxycodone 10-milligram with also a quantity of 120.

2 Q. Okay. And then we have -- do we have another

3 prescription for oxycodone 120 after that?

4 A. Yes.

5 Q. When does that happen?

6 A. That would be May 8, 2015.

7 Q. Okay. Is there also one on June 2nd?

8 A. I'm sorry, yes, I was looking at the wrong one.

9 Q. All right. Okay. So 120 count of an opioid like  
10 that, based on -- is that -- is there a significance of that  
11 number from an investigative standpoint?

12 A. Can you repeat the question?

13 Q. Sure. So is 120 a -- typically a 30-day supply of  
14 something like an oxycodone 10-milligram tablet?

15 A. For one person, not two. Or she -- it looks like --  
16 it appears to be an alias. So she's gotten two  
17 prescriptions --

18 Q. Got it.

19 A. -- or three prescriptions within a two-month period.

20 Q. And what's the investigative significance of that?

21 A. She's been overprescribed.

22 Q. And you're not a doctor, of course --

23 A. Correct.

24 Q. -- but just in your investigations, people getting  
25 prescriptions under different aliases, is that a red flag?

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1 A. It is.

2 MR. PENNEBAKER: All right. And then if we could  
3 go to the bottom of --

4 BY MR. PENNEBAKER:

5 Q. So, Special Agent Scales, before we move on, is  
6 everything in this summary and the other summary, is this all  
7 from the defendant's prescription pad? In other words, this  
8 is -- these are -- this is CSMD from prescriptions that the  
9 defendant has written, right?

10 A. Yes.

11 Q. So the defendant is -- these -- the prescriptions we  
12 were just talking about are attributable to the defendant?

13 A. Correct.

14 Q. So that down there at the bottom of the page, does  
15 Jeff Young say: Come see me tomorrow?

16 A. Yes, he does.

17 MR. FERGUSON: And could we go to the next page,  
18 please, and if we could blow up the top half.

19 BY MR. PENNEBAKER:

20 Q. If you would read, please, the top entry for  
21 December 2nd, 2015?

22 A. Hey, can me and spare bear come by? I need to get  
23 refills and want to see if you think she needs anything for  
24 this horrible cough she has.

25 Q. And he responds: Sure, babe.

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1 Right?

2 A. Correct.

3 Q. And does Ms. Montoya get prescriptions on that same  
4 day?

5 A. Yes, she does.

6 Q. And then it looks like a couple of weeks later, does  
7 she get additional prescriptions?

8 A. Yes.

9 Q. And are these prescriptions in this block right here  
10 all of which were in December, are these all Schedule II  
11 drugs?

12 A. Yes.

13 Q. On the 22nd, would you read what Ms. Joyner Montoya  
14 says?

15 A. Ha, ha, that's okay. Do you mind if I come by and get  
16 a script like you did last time for my teeth. I think it was  
17 Lortabs or something 10-milligram. I can be getting it  
18 filled, and I'm going to get my toes done while I'm waiting  
19 on you to get off.

20 Q. And then he says: Sure.

21 Right?

22 A. Yes.

23 Q. And what's the very next prescription that she  
24 receives?

25 A. Hydrocodone.

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1 Q. And that's Lortab, right, the same thing she's asking  
2 for by name?

3 A. Yes.

4 MR. PENNEBAKER: If we could zoom out of there,  
5 please, and then the bottom half. Thank you.

6 BY MR. PENNEBAKER:

7 Q. So what does Ms. Joyner Montoya say there on  
8 February 16, 2016?

9 A. Can I get my refill for Lortab when I get back from  
10 work?

11 Q. And then the defendant says: What time?  
12 And what does she say?

13 A. I'm fixing to leave Memphis. I'll have to get Angel  
14 off the bus at four and come straight there.

15 Q. And then the defendant says: Okay, lover.  
16 Right?

17 A. Correct.

18 Q. So how far from Jackson, approximately, is Memphis?

19 A. It's over an hour, hour, 15. Just depends on where  
20 you're going.

21 Q. Do you know about how many nurse practitioners you  
22 could get to before you got to Jackson if you're coming from  
23 Memphis?

24 A. I do not, but I know that it's quite a few.

25 Q. Okay.

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1 A. Several.

2 Q. Does the defendant continue to prescribed for  
3 Ms. Joyner Montoya?

4 A. Yes.

5 Q. I'm not going to ask you to do any more math, but  
6 suffice it to say that it's multiple additional  
7 prescriptions?

8 A. Correct.

9 Q. All right. So now I'm going to hand you what has been  
10 marked previously as Government's 804. Do you recognize this  
11 as a summary exhibit for a patient named Amy Sanders?

12 A. Yes.

13 MR. PENNEBAKER: And, Your Honor, we would offer  
14 this as Exhibit 78.

15 THE COURT: We'll receive it as 78.

16 (Exhibit 78 marked and received.)

17 MR. PENNEBAKER: Ms. Silverberg, could we please  
18 pull up the first page of that exhibit? Okay. Can we,  
19 please, go to -- blow up the top third of the page. Thank  
20 you.

21 BY MR. FERGUSON:

22 Q. All right. So is that the defendant up at the top  
23 there, July 23, 2016, again, after taking no more new pain  
24 patients, right?

25 A. Correct.

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1 Q. And does the defendant say: Amy, is the Rock Doc -- I  
2 guess, this is the Rock Doc?

3 A. Yes.

4 Q. And then he says: We're doing a shoot at the old  
5 Bolivar mental hospital. A very sexy Mr. Hyde, James Bond  
6 style shoot in formal wear with me and then a few bloody  
7 Dr. Jekyll shots in, like, bikini nurse wear versus lingerie.

8 Do you see that?

9 A. Yes.

10 Q. Have any pic I can put together for a profile and get  
11 to the photographer?

12 Do you see that?

13 A. Yes.

14 Q. And then what does Amy Sanders respond?

15 A. Did you get the pics. I'll send better ones when I  
16 get service.

17 Q. By the way, up at the top there, it looks like  
18 June 30, 2016. What do we see there?

19 A. A prescription for oxycodone, 30-milligram.

20 Q. And that's 120?

21 A. Yes.

22 Q. And are you -- would you -- do you know some of the --  
23 are you trained about some of the medical purposes for  
24 oxycodone, 30 milligrams? Like, do you know what that's  
25 typically used to treat? And if you don't, just --



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1 A. No.

2 Q. Okay. But that's, like, three Percocets, right, the  
3 10/325s? So if we could -- and then it looks like there's  
4 some back and forth here, correct? And then it looks like  
5 we're sending explicit pictures by 7/24/2016; is that fair?

6 A. Correct.

7 Q. And by this time, she's already gotten that  
8 prescription for oxycodone 30-milligrams, right?

9 A. Yes.

10 MR. FERGUSON: If we could go to page 8. I'm  
11 sorry. Page 2. Man, that's small. And if you could just  
12 zoom in on that. There, perfect. Maybe it would be better  
13 if I could grab this just because it's a little hard to see.  
14 I'm sorry. Let's go back to the first page, please,  
15 Ms. Silverberg, and probably bottom five lines.

16 BY MR. PENNEBAKER:

17 Q. So Ms. Sanders says down there at the bottom: Between  
18 you and me, my habits -- between you and my habits, I have to  
19 stay on the run.

20 And then Jeff Young says: Understand.

21 Right?

22 A. Yes.

23 Q. If we could go now -- and that first prescription is  
24 for oxycodone, correct?

25 A. Correct.

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1 MR. FERGUSON: So now if we could go to page 7,  
2 please. I can go to the Elmo. Okay.

3 BY MR. FERGUSON:

4 Q. All right. So, here, we see Ms. Sanders says: Just  
5 waking up, running behind and waiting to see if my friend is  
6 going to drive me. Can't wait to see you again. I hope you  
7 weren't disappointed yesterday. Just believe me, when we are  
8 somewhere I can do what I want and be as loud and destructive  
9 as we want, things will be better and different. Thank you  
10 for taking care of me, not with just the sex and satisfaction  
11 but the Soma too. It helps better than any other out there.  
12 I wrote a post about you. Check it out. And at least like  
13 it and comment or no one will take me -- and it cuts off.

14 Right?

15 A. Correct.

16 Q. Actually, that was page 7. So on page 4 the same  
17 exhibit, what does she say there at the top?

18 A. Doc, you seriously going to have to put me back on  
19 Soma, my muscle relaxers. This shit is getting old. All --  
20 in all I got you some new pics when I get back and get a  
21 bath. I'll send you some and hope you're having a great  
22 night. PS, watch your video again. I must say I just had to  
23 take a 30-minute break and stop the aching. I do taste so  
24 sweet.

25 Q. The essence of discreteness.

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1           What does she say?

2           A.    Ah, I know no other way. I hope you too know no other  
3 way. #loyalty.

4           Q.    #loyally, #silence, #pleasure.

5           So is that Ms. Sanders requesting Soma by name?

6           A.    Yes.

7           Q.    And then we see here on the 29th -- and, again, it was  
8 oxycodone first. The very next prescription she gets after  
9 requesting Soma by name, what's added in there?

10          A.    Carisoprodol.

11          Q.    Which is?

12          A.    Soma.

13          Q.    Does the defendant continue to exchange explicit  
14 images with Ms. Sanders after that?

15          A.    Yes.

16          Q.    Does the defendant repeatedly continue to prescribe  
17 Ms. Sanders both oxycodone 30-milligram and Soma 30-milligram  
18 after that?

19          A.    Yes.

20          Q.    With the last such prescription taking place on what  
21 date?

22          A.    12/28/2016.

23          Q.    Is that about a week or so before the clinic gets shut  
24 down?

25          A.    Yes.

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1 Q. And I've just been advised that I said Soma 30, and it  
2 should be Soma 350-milligrams. Apologies.

3 All right. Did you review some exchanges involving an  
4 individual named Whitney Henley?

5 THE COURT: I think we're going to go ahead and  
6 break for the evening now. It's right at 5:30. So we're  
7 going to go ahead and break, and we'll pick this up at nine  
8 o'clock tomorrow.

9 Ladies and gentlemen, the instruction is always  
10 the same, but, please, follow them. Leave your notebooks in  
11 the chair. Don't discuss the case with anyone. You've heard  
12 quite a bit of proof now. We've cleared everything else for  
13 tomorrow, so we can start right at nine o'clock. I'll go  
14 ahead and excuse you for the evening.

15 Special Agent Scales, like always, don't discuss  
16 your testimony with anyone.

17 THE WITNESS: Yes, sir.

18 (Jury out at 5:32 p.m.)

19 THE COURT: Mr. Pennebaker, how much longer? Oh,  
20 wait until the door is shut.

21 MR. PENNEBAKER: Judge, I may have an hour with  
22 this witness. And then we have --

23 MS. PAYERLE: I think we only have one more  
24 witness.

25 THE COURT: All right. Thanks. We'll be up at

1 nine o'clock tomorrow morning. Let's go ahead and adjourn  
2 court.

3 MR. PENNEBAKER: It might be an hour and a half,  
4 Your Honor. I just want to make sure I'm not  
5 underestimating.

6 THE COURT: All right.

7 (Adjournment.)  
8  
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**C E R T I F I C A T E**

I, TINA DuBOSE GIBSON, do hereby certify that the foregoing 133 pages are, to the best of my knowledge, skill and abilities, a true and accurate transcript from my stenotype notes of the trial held on the 29th day of March, 2023, in the matter of:

UNITED STATES OF AMERICA

vs.

JEFFREY W. YOUNG, JR.

Dated this 30th day of March, 2023.

s/Tina DuBose Gibson

TINA DuBOSE GIBSON, RPR  
Official Court Reporter  
United States District Court  
Western District of Tennessee